

MEDICAL RELEASE FORM

2007

Name _____ Male/Female ____ Age ____ Grade ____

Address _____ City _____ Zip _____

Parents or Guardians _____

Home Phone _____ Work _____ Cell _____

Allergies

Food Allergies _____

Medicine Allergies _____

Plant/Animal Allergies _____

Insurance Information

Medical Insurance _____ Policy # _____

Physician's Name _____ Hospital preference _____

Authorization for emergency medical care to Minors

The undersigned parent or legal guardian of the above named minor; hereby authorizes Meadow Creek Church, or its agents (the temporary custodians of the minor) to consent to or permit any duly licensed physician or dentist to prescribe any X-ray, examination, anesthetic, medical or general or special supervision, or advise of any or several physicians (s), surgeon(s), or dentist(s) licensed under the laws of any state, whether such diagnosis or treatment is rendered at the office of the physician, surgeon, or dentist, or at a hospital licensed by a state.

Signature of Parent or Guardian _____ Date _____

Relationship to Minor _____

Person to contact in case of an emergency (if we are unable to reach parent/guardian)

Name _____ Phone (Home) _____ (Cell) _____