

A new medical form must be filed for every school year. If you have a 2020 form on file, you only need to complete the "Activity Participation" form.



HopeShakers Student Impact

Medical Release Form

I, _____, hereby give permission for any and all medical
Parent/guardian's name

attention to be administered to my child, _____,
Child's full name

in the event of accident, injury, sickness, or other emergency under the direction of the Shawnee Alliance Church, until such time as I may be contacted. I also assume the full responsibility for the payment of any and all expenses incurred in connection with such treatment. This release is effective for one year from the signing date.

Child Information:

Grade: _____ Gender: _____ Age: _____ Date of Birth: _____

Parent/Guardian Information:

Address: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Cell Phone: (_____) _____ Other Phone: (_____) _____

E-Mail Address: _____

Insurance Information:

Company: _____

Policy/Contract Number: _____

Group Number: _____ Telephone: (_____) _____

Physician's Information:

Name: _____ Telephone: (_____) _____

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Medical Conditions:

Known allergies: _____

Medical conditions: _____

Special needs: _____

Medications being taken: _____

If I cannot be reached, the following person(s) are designated to act on my behalf:

Name: _____ Relationship: _____

Telephone: (_____) _____ Other Phone: (_____) _____

Name: _____ Relationship: _____

Telephone: (_____) _____ Other Phone: (_____) _____

Consent for medical treatment (minor):

As the parent/legal guardian of the above named child, I hereby give my consent for emergency medical care prescribed by a duly licensed hospital, doctor of medicine or doctor of dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my son or daughter.

Signature of Parent/Guardian

Date

***Please provide a copy of your insurance card
(both front and back)
and return with this form.***