

Children's Ministry

MEDICAL RELEASE FORM

I, _____, hereby give permission for any and all medical
Parent/Guardian's Full Name
attention to be administered to my child, _____,
Child's Full Name

age _____, in the event of accident, injury, sickness, etc. under the direction of the person(s) listed below, 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.

The release is effective for the Children's K-6th grade trip to Wet-N-Wacky on Wednesday, June 26, 2019 including travel to and from Beulah Beach Camp in Vermillion, Ohio.

Parent/Guardian Information:

Cell Phone: _____ Home Phone: _____

Other Phone: _____ Address: _____

E-mail Address: _____

Insurance Information:

Company: _____ Policy Number: _____

Group Number: _____ Phone: _____

Physician's Information:

Name: _____ Phone: _____

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: _____ Phone: _____

Relationship: _____ 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 child.

Parent/Guardian Signature

Date

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