Medical Release Form

To Whom It May Concern:

As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the following person in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment or undue discomfort if delayed.

In case of a minor, this authority is granted only after a reasonable effort has been made to reach the parent and/or guardian.

Name of participant: _____

This release will be in effect on the date(s) starting _____ and continuing until _____. This release applies only to Central Bible Church sponsored activities. My signature also serves to indicate my willingness to take full financial responsibility for any and all medical services rendered for the above named participant. My signature also serves to indicate my willingness for my insurance company: _____, Policy number: _____ to be billed for any and all medical fees and services should they be needed and to release Central Bible Church and its employees from this liability.

_____ _____

Signature Witness

_____

Date

Address of Participant: _____

City: _____ State: _____ Ph: (_____)_____-_____

Family Doctor: _____ Ph: (_____)_____-_____

List any specific medical allergies, chronic illness or other conditions: _____

_____

_____

Emergency Contact Person: _____ Ph: (_____)_____-_____

Date of last tetanus shot: _____