

Medical Release and Parental Consent Form 2012

Student's Full Name _____ Age _____ Birthdate _____

Address _____

City _____ ZIP _____ Grade _____

Name of Parents _____

Home Phone _____ Business Phone _____

Cellular Phone _____

Other Emergency Phone Number/Name _____

Medication (if your child is on any) _____

Is your child allergic to any medication? _____

Any other known allergies? _____

Additional Pertinent Information _____

Health Insurance Provider _____

Health Insurance Policy Number _____

Health Insurance Contact Number _____

Family Doctor's Name and Office Number _____

I/We do hereby state the undersigned are the parents or legal guardians having custody of the above the mentioned minor, and have given our consent for him/her to attend any and all student ministry functions of New Brighton Christian Church youth ministry. In the event that he/she is injured while attending any one of these function and I/we cannot be reached by a telephone call, I/we authorize the lead adult youth sponsor during the function to consent to any medical treatment or hospital care to be rendered to the above mentioned minor under the general or special supervision and on the advice of a physician or surgeon not hesitate to take action if deemed necessary. I will assume personal liability for any resulting expense which is not covered by the insurance.

Date _____

Signature/s _____