

Medical Release Form

This form is good for all church related events. Please complete one form per child.
We keep the forms and they can be updated each year. Thank you.

PARENTS: Please check the current year, update all info and sign for the current year the Medical Release shall be effective.

Child's Name: _____

- o 2015 Age: _____ Grade: _____ Parent Signature: _____ Date: _____
- o 2016 Age: _____ Grade: _____ Parent Signature: _____ Date: _____
- o 2017 Age: _____ Grade: _____ Parent Signature: _____ Date: _____
- o 2018 Age: _____ Grade: _____ Parent Signature: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Parent or Legal Guardian: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

School: _____

Insurance Carrier: _____

Policy #: _____

Primary Physician: _____

Clinic: _____ Clinic Phone #: _____

Medial History/Allergies: _____

Medications: _____

If I cannot be reached in the event of an emergency, the following person is authorized to act on my behalf:

Name: _____ Relationship: _____

Home Phone # _____ Cell Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

As the parent of this child, I give permission for my son/daughter, named, to participate in any and all New Life Church events and grant permission for my son/daughter, named, to ride in a vehicle if necessary for special events and to be videotaped or pictured at events for promotional reasons only.

In the event we cannot be reached in an emergency, I hereby give permission to the physician selected by the pastoral staff and/or ministry leaders of New Life Church to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child as named above. The personal and medical information above is current or has been updated as of date of this release form. It is understood that a conscientious effort will be made to locate me or the emergency contact listed above before action is taken. I hereby agree that all expenses incurred in an emergency will be my responsibility to pay. I also agree to hold harmless and indemnify the pastoral staff and/or ministry leaders of New Life Church accompanying the activities and events.

Parent or Legal Guardian's Signature

Date