

LIVE STUDENT MINISTRIES MEDICAL RELEASE FORM - YOUTH

DATE _____

CHILD'S NAME: _____ BIRTHDATE: _____

ADDRESS: _____ PHONE: _____

FATHER'S NAME: _____ CELL #: _____

PLACE OF EMPLOYMENT: _____ PHONE: _____

MOTHER'S NAME: _____ CELL #: _____

PLACE OF EMPLOYMENT: _____ PHONE: _____

LEGAL GUARDIAN OF CHILD: Father _____ Mother _____ Both _____ Other _____

If other, please give name & address: _____

IF EMERGENCY, PLEASE CALL:

NAME: _____ PHONE: _____

NAME: _____ PHONE: _____

PHYSICIAN'S NAME _____ **PHONE:** _____

PLEASE LIST ANY:

ALLERGIES: _____

MEDICATIONS: _____

HOSPITAL WITH RECORDS: _____

ANY HEALTH PROBLEMS: _____

(See back of form)

DATE OF LAST TETANUS SHOT: _____

PRIMARY INSURANCE: _____

POLICY NUMBER: _____ **GROUP NUMBER:** _____

Please Attach A Copy Of Your Insurance Card.

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I give my permission to any authorized personnel of Gulf To Lake Church to take emergency measures deemed necessary for the care and protection of my child while under their supervision. In case of accident or illness, I understand that my child will be taken to an appropriate medical facility for treatment. It is understood that in severe situations, the adults in charge may contact the local emergency resource before the parent, child's physician, and other adults acting on the parent's behalf. I understand that any expenses incurred will be the responsibility of the child's family.

I have read and understand the student code of conduct. Initial _____

PARENT'S SIGNATURE: _____ **DATE:** _____

NOTARY: _____ **STATE:** _____ **COUNTY:** _____

DATE: _____ **MY COMMISSION EXPIRES:** _____

