MEDICAL RELEASE FORM - CHILDREN

DATE_____

CHILD'S NAME:_____ GENDER_____ AGE_____

GRADE ATTENDING AS OF JANUARY this year _____ DATE OF BIRTH _____

ADDRESS:_____ HOME PHONE:_____

FATHER'S NAME:_____ CELL #:_____

PLACE OF EMPLOYMENT:_____ PHONE:_____

MOTHER'S NAME:_____ CELL #:_____

PLACE OF EMPLOYMENT:_____ PHONE:_____

LEGAL GUARDIAN OF CHILD: Parents_____ or Other_____

If other, please give name & address:_____

IF EMERGENCY, AND <u>PARENT'S</u> CAN NOT BE REACHED, PLEASE CALL:

NAME:_____PHONE:_____

NAME:_____PHONE:_____

PHYSICIAN'S NAME _____PHONE:_____

PLEASE LIST ANY:

ALLERGIES:_____

MEDICATIONS:_____ **(See back of form)**

ANY HEALTH PROBLEMS:_____ DATE OF LAST TETANUS SHOT:_____

HOSPITAL WITH RECORDS:_____

PRIMARY INSURANCE:_____

POLICY NUMBER:_____GROUP NUMBER:_____

Please Attach A Copy Of Your Current Insurance Card.

Notary Stamp

I give my permission to any authorized personnel of Immanuel Baptist 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.

PARENT'S SIGNATURE:_____ DATE:_____

NOTARY:_____ STATE:_____ COUNTY:_____

DATE:_____MY COMMISSION EXPIRES:_____

Please list ALL medications you are currently taking.

Date	Medication	Dosage	How many times a day?