2009

* * * MEDICAL RELEASE FORM * * *

NAME: _____ AGE: _____ BIRTHDATE: _____

ADDRESS: _____ HOME PHONE: (____)_____

CITY: _____ STATE: _____ ZIP CODE: _____

PARENT(S) BUSINESS PHONE(S): _____ _____

OTHER PHONE NUMBERS: _____ _____

ALLERGIES TO DRUGS OR FOODS: _____

SPECIAL MEDICATIONS, BLOOD TYPE OR PERTINENT INFORMATION:

_____

FAMILY PHYSICIAN: _____ PHONE: (____)_____

OFFICE ADDRESS: _____

To whom it may concern:

The undersigned does hereby give permission for our (my) child to attend events with Hope Bible Church and for Hope Bible Church to take pictures of my child for the year 2009.

In the event of an emergency where medical treatment is required we (I) give our (my) permission to the Activity Sponsors to obtain the services of a licensed physician or dentist. Please attempt to notify us (me) immediately concerning any such emergency.

The undersigned shall be liable for all costs and expense incurred in case of any such emergency. Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Hope Bible Church.

(Sign here) _____ (Date) _____

Hospital Insurance: Yes☐ No☐ Participant: _____ (Date)_____

Insurance Company: _____ Father: _____ (Date)_____

Policy#: _____ Mother: _____ (Date)_____

Emergency Phone # (___)_____ Legal Guardian: _____ (Date)_____