

2008 Medical Release Form

(Please circle)

Student

Sponsor

Student/Sponsor Information:

Name: _____ Gender: *m* *f* DOB: _____ Grade: _____ (07-08 school yr.)

Address: _____ City: _____ Zip: _____ Home Phone: _____

Email: _____ Cell Phone: _____ School: _____

Parent/Guardian Name(s): (This information is not required for persons over 21 years of age.)

Father: _____ Mother: _____

Address: _____ Address: _____

City: _____ Zip _____ City: _____ Zip _____
(If different from above) (If different from above)

Phone (cell): _____ (home): _____ Phone (cell): _____ (home): _____

Email: _____ Email: _____

Parent/Guardian Employed by: (This information is not required for persons over 21 years of age.)

Father: _____ Mother: _____

Father's Work Number: _____ Mother's Work Number: _____

Medical Information for Student/Sponsor:

Doctor's Name: _____ Doctor's Phone Number: _____

Are you currently taking medicine or treatment? (Please circle) Yes No
If yes, list and explain _____

Are you restricted from sports or swimming for any reason? (Please circle) Yes No
If yes, explain _____

Date of last Tetanus Toxoid Immunization: Month _____ Year _____

Have you ever had a severe reaction to a bee/hornet sting or insect bite? (Please circle) Yes No
If yes, please explain _____

Do you have? (Please check)

- Sinus Trouble
- Hay Fever
- Heart Trouble
- Epilepsy
- Asthma
- Diabetes

List any Allergies:

Food _____

Drugs _____

Do you have other medical needs? _____

Insurance Information:

Insurance Company _____ Policy Number _____ Group Number _____

If parent cannot be reached, please notify: _____ (relationship to participant) _____

Phone: _____ or _____

I give my authority and consent to First Evangelical Free Church's sponsors/leadership to seek a doctor or qualified person to provide emergency medical treatment to the above named student/sponsor in the event he/she is ill or injured while participating or traveling to or from any church sponsored event/activity. I, undersigned parent/guardian of the above mentioned child who is a minor, do release, acquit, discharge and covenant to hold harmless its sponsors and representatives from any and all actions, causes of actions, damages, and/or liabilities arising from the medical treatment of any sickness or injuries from an accident incurred by my said child during this activity.

Signature of Parent/Guardian/Sponsor _____ Date _____

Revised 1-22-08