

## 20\_\_-20\_\_ Medical Release Form

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Mailing address: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent's Names: \_\_\_\_\_ Grade \_\_\_\_\_

Email Address \_\_\_\_\_

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### Medical Care & Medical Information Authorization TO THE ATTENDING PHYSICIAN, HOSPITAL AND STAFF:

Permission is hereby granted for you at the discretion of the staff and/or sponsors of Island Baptist Church/LH Center to perform whatever care is necessary for the welfare of my child until such time as you are able to reach us personally.

\_\_\_\_\_ Permitted: \_\_\_\_\_  
Date (Name & Relation to Child)

**\*Must be natural or adoptive parent, or legal guardian**

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### Van Permission

I, also give my child permission to ride the church van during church activities including special events and pick-up and drop off at home, but not limited to those listed. Physical address \_\_\_\_\_

### Liability Release

I, \_\_\_\_\_, do hereby release absolve, indemnify and hold harmless Island Baptist Church/LH Center, the organizers, sponsors, and supervisors from any and all loss, injury, or other damage to us or the above named persona arising out of their participation in church sponsored events. In case of injury to our child, we hereby waive all claims against the organizers, the sponsors, or any of the supervisors appointed by them. We likewise release from responsibility any person transporting our child to and from the activities.

\_\_\_\_\_ Signature: \_\_\_\_\_  
Date (Name and Relation to Child)

**\*Must be natural, or adoptive parent, or legal guardian**

\_\_\_\_\_ Initial here if you **do not** consent to your child's image being used on our social media pages.

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Hospitalization Insurance:

Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Certificate Number: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Immunization: (Date Received) \_\_\_\_\_ Tetanus: \_\_\_\_\_

Name of Physician(s): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Allergies & Medicine:

List known allergies: \_\_\_\_\_

List any permanent prescription drugs your child is presently taking; state frequency and dosage: \_\_\_\_\_

Persons to be contacted in case of emergency:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Pager/Cell Number: \_\_\_\_\_

Other: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Pager/Cell Number: \_\_\_\_\_