

Northview Parental Consent and Medical Release



Name of Event: _____

Name of Youth: _____

Gender: M / F

Address: _____

Birth date: _____

Grade: _____

Home Phone: _____

Other Phone: _____

Email: _____

Print Parent Names: _____

Emergency Contact (other than parent):

Name: _____

Phone: _____

Company: _____ *Insurance*

Policy Number: _____

Please indicate any allergies or medication needs as well as any other conditions or concerns:

The undersigned hereby authorizes the holder of this Medical Release to obtain emergency care for the child named above, including transportation via ambulance, x-ray examinations, laboratory procedures, anesthesia, medical or surgical treatment, or other hospital services ordered by the attending physician or dentist, and his/her assistants or designees. I also authorize the release of all information necessary to settle any insurance claims. I also understand that I am responsible for charges not covered by insurance. A copy of this authorizations can be used as the original. The undersigned does also give permission for the 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 Northview Community Church.



Parent/Guardian Signature: _____ Date: _____