



Medical Release Form

To whom it may concern:

As a parent and/or guardian, I authorize the treatment by a qualified, licensed, medical doctor of the listed minor/minors in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed.

This authority is granted only after a reasonable effort has been made to reach me.

Student Name/s: _____

Parent/Guardian: _____ Relationship: _____

Parent/Guardian Phone: _____ Email: _____

Family Physician: _____ Phone: _____

Insurance Co. _____ Policy #: _____

Please list any medical allergies, chronic illnesses, or other conditions: _____

Other contact in case of emergency:

Name: _____ Phone: _____

This release form is completed and signed with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Signed: _____ Date: _____

I DO/DO NOT (please circle) give permission for my student to receive emails from Youth Group leadership (parents are included in all emails).

Student email address/es: _____

I DO/DO NOT (please circle) give permission for my student to be included in a group text chat with Youth Group members and leaders for the purposes of encouragement in daily devotions, sharing prayer requests, etc.

Student cell phone number/s: _____

I DO/DO NOT (please circle) wish to be included in the group text chat as well. My cell phone number is (if different from above): _____