

# Medical Release Form

## Faith Bible Church

Effective 06/17/2011 – 06/22/2011

### TO WHOM IT MAY CONCERN:

As a parent and/or guardian, I do herewith authorize treatment under the direction of any licensed physician of the following minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or 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 by phone at the number listed below.

The undersigned assumes the responsibility for any costs connected with such treatment and hereby releases Faith Bible Church and those associated with them from any liability.

Name of Minor: \_\_\_\_\_ Your Relationship: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City, State Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

Other Emergency Contact: \_\_\_\_\_ Contact's Phone: \_\_\_\_\_

Special medical allergies, chronic illness, or other conditions: \_\_\_\_\_

\_\_\_\_\_ Date of Last Tetanus Shot: \_\_\_\_\_

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

Signed \_\_\_\_\_

Legal Guardian