

Medical Release Form/ Permission to Treat

Name of Church: 24 Church City/State: Pleasant View, Tennessee

Personal Information:

Name: _____

SS#(optional): _____ DOB: ____/____/____ Age: _____ Gender: _____

Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact Information:

Parent/Guardian: _____

Home Phone: _____ Work Phone: _____

Secondary Contact: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Insurance Information:

****ATTACH A COPY OF YOUR INSURANCE FORM****

Insurance Co: _____ Group#: _____ Policy#: _____

Cardholder: _____ Relationship to Cardholder: _____

Insurance Co. Address: _____

Insurance Co. Phone#: _____

Personal Medical Information:

Physician's Name: _____ Phone#: _____

Physical Limitations: (Asthma, Diabetes, Allergies, etc.), and/or Special instructions (Allergic to certain meds, rare blood type, wears contacts, etc.)

List ALL medication taken on a regular basis and/or any brought with you. (Prescription meds MUST have a Pharmacy label and name of doctor.)

List ALL operations/serious injuries and dates within the past five (5) years.

The Health History is correct so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted.

Emergency Authorization – I hereby give permission to medical personnel selected by the participant’s Church sponsor/his designee or camp staff to order X-rays, routine tests, and treatment for myself. In the event of an emergency and neither my primary contact nor secondary can be reached, I hereby give permission to the physician selected by the Authorized Agent to hospitalize, secure proper treatment, order injections, and/or anesthesia and/or surgery to myself as named above.

I further authorize the release of the above medical information to appropriate medical personnel and/or the health coverage Insurance Company. In addition, I have, and do hereby release the church, its employees, or agents from liability associated with participation in a church activity.

I understand that if I do not have medical insurance I will be responsible for any medical expenses in the event of a sickness and/or injury.

I understand that there are risks involved in taking place in recreation activities and other activities related to participation in missionary functions.

Signature: _____ **Date:** _____

The following should be completed by the notary witnessing signature.

The State of _____ the county of _____ Before me, a Notary Public, on this day personally appeared _____ known to me (or proved to me on the oath of _____) to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purpose and consideration therein expressed. Given under my hand and the seal of the office this _____ day of _____, A.D. _____.

Notary Public Signature: _____

My commission expires the _____ day of _____, A.D. _____

Release Form

(Name Here)

I hereby grant permission for my child/self to participate in any activity or event that the Ministry of 24 Church hosts or participates in. I understand that these activities could involve a certain degree of risk, including injury to person, of which I am fully knowledgeable and which I hereby voluntarily assume for my child/self. I further release and hold harmless 24 Church, volunteers, student leaders, or owners of the property an event may take place at from any and all liability in connection with any injury that may occur.

Signature of Self or Parent/Guardian: _____

Date: _____