

**The Presbytery of Chicago's  
MEDICAL RELEASE FORM**

(to be completed by all participants)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Doctor \_\_\_\_\_ Doctor Phone \_\_\_\_\_

Church \_\_\_\_\_ City Your Church Is In \_\_\_\_\_

Grade in 2011-2012 \_\_\_\_\_

Special Medical Conditions -- such as allergies, chronic illness, or other conditions

\_\_\_\_\_

Medications and Dosages

\_\_\_\_\_

Food Allergies:

\_\_\_\_\_

Special Dietary Needs:

\_\_\_\_\_ Vegetarian \_\_\_\_\_ Other, specify: \_\_\_\_\_

In case of an emergency, I authorize the treatment, by a qualified and licensed medical doctor,

of the minor listed above or myself, if an adult, in the event of any medical emergency which,

in the opinion of the attending physician, is necessary and I/we cannot be reached after

reasonable effort has been made to secure my/our personal consent.

Parent/Guardian Phone(s)

\_\_\_\_\_  
Parent/Guardian's Signature (for minor youth participant)

OR

Adult Advisor's Signature

\_\_\_\_\_

Other relative or friend, in case of emergency –

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_