

The Bridge Church - Medical Release Form



Parent/Legal Guardian's Name: _____

Address: _____

Phone #'s: Home (____) _____ Work (____) _____

Cell (____) _____ Other (____) _____

Minor's Name: _____

List all known Medical Conditions, Including food allergies and/or drug allergies. In addition, include any and all over the counter and/or prescription drugs taken regularly.

In an emergency, please contact: _____

Relationship to child: _____

Phone #'s: Home (____) _____ Work (____) _____

Cell (____) _____ Other (____) _____

2nd Contact: _____

Relationship to child: _____

Phone #'s: Home (____) _____ Work (____) _____

Cell (____) _____ Other (____) _____

Physician's Name: _____

Address: _____

Phone #'s: (____) _____ (____) _____

Dentist's Name: _____

Address: _____

Phone #'s: (____) _____ (____) _____

Medical Release: I certify that the preceding information is true to the best of my knowledge. In case of medical emergency or other necessary medical attention, I hereby give permission to the physician selected by **The Bridge Church - Youth Leaders**, to hospitalize, secure proper treatment for, and to order injection, anesthesia, x-rays or surgery for my child as named above.

Parent/Guardian

Signature: _____ Date: _____