life spring CHURCH

2026 Junior and/or Senior High Release Form (this form good through December 31, 2026)

The following health record must be filled out for each student by the parent or guardian, or the student cannot be a part of any Junior or Senior High Activity. Please print below. This release form will be kept on file.

Student Information

NAME_____ DATE OF BIRTH_____ MALE ☐ FEMALE ☐ AGE _____

PARENT/GUARDIAN NAME _____ PHONE _____

ADDRESS/CITY/STATE/ZIP _____

Medical History

List any medical Problems:

List any medications & dosage:

ALLERGIES (INCLUDE FOOD OR DRUG)_____

PAST SURGERIES_____

DATE OF TENANUS SHOT OR BOOSTER_____

Please circle any condition about the student that would be important for the physician to know about:

Allergy Asthma Diabetes Epilepsy Hearing Heart Vision Other

EXPLANATION OF OTHER _____

NOTE ANY HANDICAP_____

STUDENT'S DOCTORS' NAME _____ PHONE _____

Medical Insurance Information

INSURANCE COMPANY _____ PHONE _____

ADDRESS/CITY/STATE/ZIP _____

POL #_____ GROUP #_____ CARD HOLDER NAME _____

Emergency Contact Information: NAME_____ PHONE_____

Alternate Contact Information: NAME_____ PHONE_____

Treatment

In case of emergency, I hereby give permission to the physician selected by the Life Spring Church staff and or assigned personnel to hospitalize, secure treatment for, and to order injection, anesthesia and/or surgery for the student named above.

STUDENT SIGNATURE _____ NOTARY SEAL:

PARENT/LEGAL GAURDIAN SIGNATURE _____

NOTARY SIGNATURE _____Date_____