

Medical Release Form

To whom it may concern: As the parent or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the following minor in the event of a medical emergency which in the opinion of the attending physician may endanger the 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. I also release Whitney Baptist, other organizations and individuals involved of any liability for accident incurred during any of the 2014-2015 Whitney Youth Group activities.

Name of Minor		Relationship	
Address of Minor		Phone	
City of Minor	State	Zip	Birthday

This release is intended to be used the entire year, September 2014 through September 2015. This includes both youth group meetings and outings (ie Camps, Retreats, Conferences, etc.). This release form is completed and signed by my own free will and with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

Date	Signed
Phone to reach you for an Emergency	Address of Parent or Guardian

Insurance and Medical Information

Carrier	
Group	Social Security #
Family Physician	Physician Phone
Physician Address	
Specific Medical Allergies, Chronic Illness or other conditions	
Date of Last Tetanus Shot	

Other Contact in case of Emergency

Name	Phone
Address	