

Medical Release Form

Name: _____ Phone # _____

Age _____ Grade _____

_____ has my permission to attend the following youth event
Full name of minor

_____. I understand that this event will be supervised by adult youth leaders from St. Stephen's Episcopal Church. I waive any claim against the church and its approved leaders, sponsors and/or drivers. In case of medical emergency, I/we, the parent(s) or legal guardian of _____, a minor, hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis, treatment, and hospital care which is deemed advisable by, and is to be rendered under, the general or special supervision of any licensed medical personnel on the staff of any licensed hospital or medical facility. This authorization is given in advance of any specific diagnosis, treatment, or hospital care required, but is given to provide authority and power to render care which is deemed advisable in the best judgment of the physician or medical personnel.

Date _____ Signature _____
Relationship _____

Phone number where you can be reached during this time _____

Birth date of minor _____ Date of last tetanus shot _____

Physician's Name _____ Phone # _____

Insurance Company Name _____ Phone # _____

Name of Policy Holder _____ Policy # _____

(Please attach a copy of minor's medical card if such exists)

Dentist's Name _____ Phone # _____

Any allergies to foods or drugs _____

Special Needs _____

Medications the minor takes (if any) and time schedule for drug administering:

Medication 1: _____ Time Taken _____

Medication 2: _____ Time Taken _____

Medication 3: _____ Time Taken _____

Medication 4: _____ Time Taken _____

If I cannot be reached please call _____ Phone # _____

Relationship _____