

ARMENIAN BROTHERHOOD BIBLE CHURCH BADANYATS
MEDICAL RELEASE FORM
MARCH 2015-MARCH 2016

Name of Minor _____ Age _____ Date of Birth _____

Parents Name _____ Relationship to Youth _____

(Phone) Home _____ Cell _____ Work _____

Address _____ City _____ State _____ Zip Code _____

In Case of Emergency, and I cannot be reached, please contact:

Name _____ Relationship to Youth _____

Address _____ City _____ State _____ Zip Code _____

(Phone) Home _____ Cell _____ Work _____

Insurance Information: Do you have medical insurance? Yes No

Insurance Company Name _____ Policy/Group Number _____

Address _____ Phone Number _____

Family Doctor Name _____ Phone Number _____

Address _____ City _____ State _____ Zip Code _____

Medical Information:

Please list all medications taken, and for what they are taken _____

Please list all medical conditions _____

(Continue on back)

Please list all allergies, especially to medications _____

(Continue on back)

Is there anything else we should know about your child in case of an emergency? _____

IN CASE OF A MEDICAL EMERGENCY, I GIVE PERMISSION FOR THE ABOVE NAMED MINOR TO RECEIVE MEDICAL CARE AT THE FACILITY DEEMED BEST BY THE ARMENIAN BROTHERHOOD BIBLE CHURCH STAFF. I UNDERSTAND THAT THE GREATEST CARE WILL BE TAKEN TO ENSURE THE SAFETY OF THIS MINOR. I WILL NOT HOLD THE ARMENIAN BROTHERHOOD BIBLE CHURCH, OR ANY OF ITS REPRESENTATIVES OR STAFF RESPONSIBLE FOR ACCIDENTS BEYOND THEIR CONTROL.

Parent Signature _____ Date _____

PARENTAL RELEASE AND AUTHORIZATION REQUIRED.

