COLONIAL HEIGHTS PRESBYTERIAN

PRAYER
HOSPITALITY
INVITATION

Medical Release Form

(FOR COLONIAL HEIGHTS PRESBYTERIAN ACTIVITIES)

Effective date: January 1, 2017 through January 1, 2018. This form is to be completed in black or blue ink by the child's parent/legal guardian.

STUDENT'S NAME_____ BIRTHDATE___/___/___SEX, ____

COMPLETE HOME ADDRESS _____

CITY_____ STATE_____ ZIP _____

STUDENT LIVES WITH _____ (Ex. Father, Mother, Grandparent etc.)

NAME OF PERSON _____

HOME # (____)_____ OFFICE #(____)_____ CELL # (____)_____

EMPLOYED BY _____

RELATIVE'S NAME THAT COULD GRANT MEDICAL PERMISSION _____

HOME # (____)_____ OFFICE #(____)_____ CELL # (_____)_____

I hereby authorize any representative of Colonial Heights Presbyterian Church to grant permission for medical care for my child, _____ (child's name)

CONSENT HAS BEEN LEFT WITH THE ADULT INTO WHOSE CARE THE CHILD IS ENTRUSTED. *(It is understood that an exhaustive effort will be made to contact the parent or legal guardian of the child before treatment is given)*

STUDENT'S DOCTOR_____ PHONE (____)_____

MEDICAL INSURANCE & POLICY # _____

FATHER'S DATE OF BIRTH ____/____/____ MOTHER'S D.O.B. ____/____ /____

My child has the following allergies or other specific medical conditions:

My child is currently taking the following medications:

Please attach a copy of both the front and back of your insurance card