

MEDICAL RELEASE FORM FOR MINORS

Minor's Name: _____

Date of Birth: _____ Age: _____

I, _____ (parent/legal guardian), give my permission for

_____ (minor's name) to participate in all activities

sponsored by _____ (church/organization)

from (dates) _____, 20__ through _____, 20__.

In the event of a medical emergency, I give my permission for

_____ (minor's name) to be treated by an accredited

physician in a professional office, medical clinic or hospital. I therefore designate

_____, or any other adult appointed by

_____ as a chaperone for youth activities of the

_____ (church/organization) to act on my behalf in

signing the necessary forms to order appropriate treatment for my child.

Signature of Parent/ Legal Guardian

Relationship to minor

Printed name of Parent/ Legal Guardian

(____)____ - ____
Phone

Date

Other emergency contacts _____
Name, relationship & phone _____

Insurance Company

Name of primary Insured

Group Policy #

Social Security # of primary insured

Allergies to any medications

Chronic/Acute Illness