

DOVER AVENUE ALLIANCE CHURCH MEDICAL RELEASE FORM

Name _____ Birth Date _____ Sex _____ Age _____

Parent/Guardian _____ Home Phone _____

Home Address _____ Cell Phone _____

Family Email Address _____

Person to contact if you are unreachable:

Name _____ Phone Number _____

Address _____

EMERGENCY TREATMENT AUTHORIZATION

Health Record: _____ Insurance Company _____

Policy No _____ Name of Usual Physician _____

Last Tetanus shot _____ Address _____

Booster _____ Phone Number _____

Operations, serious injury or illnesses (include date) _____

Chronic or recurring illnesses _____

Under treatment for current illness _____

Medication and instructions of medication being taken _____

Penicillin or other drug reactions _____

The above information is true to the best of my knowledge. I/We hereby give permission to the doctor and/or hospital to render emergency care or treatment to my/our child named above, and authorize my/our child's usual physician to release any information necessary to such care or treatment. This authorization shall be valid for one (1) year from the date and a copy shall be as valid as the original.

Signed _____ Date _____
Signed _____ Date _____

RELEASE FROM LIABILITY

I/We hereby release Dover Avenue Alliance Church, church workers, officers, or volunteers, from any liability which may occur from this activity. I/We understand that my/our child is participating in this activity at his/her own risk, and with my/our permission. I/We will not hold the church, its workers, officers, or volunteers responsible for any accidents, illness or injury that may occur on my/our behalf or on behalf of my/our child.

Signed _____ Date _____
Signed _____ Date _____

Special Remarks: (anything we should know concerning your child which would be appropriate to know - e.g. allergies, fears, etc.) _____

* Note to Parent(s)/Guardian: This form will be filed out on a yearly basis and kept on file at the church. Whenever your child participates in a church outing, this form will be taken along in case of emergency.