

Permission to Participate and Medical Release Form

I hereby give permission for _____ (student's name) to attend and participate in the activities/studies/events/retreats/camps/etc. of Waterbook Bible Fellowship, and to receive any and all medical attention by the church staff, youth volunteers and/or medical professionals in the event of accident, injury or illness. I assume the financial responsibility, if any, for all such treatment.

Name of Parent/Guardian

Street Address

City, State Zip Code

Home Telephone No.

Dad's Cell No.

Mom's Cell No.

Dad's Work No.

Mom's Work No.

Name of Primary Insured

Insurance Carrier

Policy No.

Group No.

Name of Family Physician

City, State

Office Tel. No.

After Hours Tel. No.

Known Allergies (food, medications, other; if none, so state)

Prescribed Medications (Dosage, Time Taken, Special Instructions; if no medications, so state)

Pertinent Medical Information (use back of this form if necessary)

Date of last Tetanus injection

Student wears(check all that apply): Eye Glasses Contact Lenses Hearing Aid _____ (other)

The above information is correct and accurate.

Signature of Parent/Guardian

Date