

Medical Release Form

Name of Student

Street Address

City, State Zip Code

Home Phone

Dad's Name

Dad's Wireless

Dad's Work Phone

Dad's Email

Mom's Name

Mom's Wireless

Mom's Work Phone

Mom's Email

Name of Primary Insured

Name of Insurance Company

Policy Number

Group Number

Phone Number of Insurance Company

Name of Student's Physician

Address

Phone

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

Prescribed and Over-the-Counter Medications (including vitamins and herbal supplements. If no medications, so state.)

Medical Information/Chronic Diseases (i.e. diabetes, asthma, ADHD, epilepsy. Use the back of this form if necessary.)

Date of last Tetanus Vaccination

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

Allowed over-the-counter medications that may be dispensed to my child per label directions:

Tylenol/acetaminophen Advil/Motrin/ibuprofen Rolaids/antacid Benadryl/diphenhydramine

I give permission for my child to attend and participate in the activities of Waterbrook Bible Fellowship. I understand it is my responsibility to provide accurate information and to update this information as necessary. I further give permission for my child to receive reasonable and prudent medical attention by the church staff, volunteers, and/or emergency medical professionals in the event of accident or injury, and that reasonable attempts to contact me will be made regarding said treatment. I understand I am financially responsible for any such treatment. All medications, whether prescription or over-the-counter, that my child may hold in his/her possession are listed on this form. I understand no over-the-counter medications will be administered to my child without my express consent.

Signature of Parent/Guardian

Date