

MCC Teens Medical Release Form

This form is for a Sponsor _____ Student _____

Name:

Address:

City:

State:

Zip:

I (We), the parent(s) or legal guardian(s) of the above-stated student do hereby give my (our) permission for he/she to participate fully in the activities/trips of the Madison Christian Church Youth Ministry. Furthermore, I (we) understand and consent to abide by the decisions and rules of the Madison Christian Church Youth Ministry.

Medical Information:

In the event of a medical/dental emergency, I (we) do hereby grant permission to the staff and youth sponsors of Madison Christian Church to authorize emergency medical/dental treatment for my son or daughter named above. I (We) will assume payment of all medical liabilities, etc. and do hereafter release Madison Christian Church, their staff, and their youth sponsors from any and all further liability.

Signed: _____

Date: _____

(Parent or Legal Guardian)

Emergency Contact Information

Home Phone #:

Mother's Name:

Mother's Cell/Work #:

Father's Name:

Father's Cell/Work #:

If neither parent can be reached, please contact _____ at () -

Preferred Hospital/Doctor:

Doctor Phone #:

Preferred Dentist:

Dentist Phone #:

Parents' E-mail Address: _____

Insurance Coverage:

Insurance Company/Phone #: _____

Covered Employee: _____

Group, I.D., or Contact #: _____

Any additional medical information (allergies, medications, medical conditions):



3565 Bixby Road, Groveport, OH 43125

If you have any questions or concerns please contact:

Justin Olson, Youth Minister

Madison Christian Church

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