

Madison Christian Church Medical Release Form

Child's Name:

Birth Date:

School Currently Attending:

Grade:

The information on this form is confidential and will only be shared with those caring for your child.

Custodial Parent/Guardian Information:

Mother:

Home Phone:

Cell Phone:

Email:

Street Address:

City/State/Zip:

Father:

Home Phone:

Cell Phone:

Email:

Street Address:

City/State/Zip:

Child lives with (check one): Mother Father Both Legal Guardian

*Is either parent (or other) forbidden by court order by having equal access to the child?

No Yes, who: _____

Emergency Contact Information (in addition to the custodial parent/guardian):

Name:

Phone Number:

Relation to child:

Physician:

Physician Phone Number:

Please indicate any **allergies** or **special needs** your child may have. This would include any health problems that would limit activities or any other insights on what might help assimilate your child into the classroom/activity environment.

Please list any Dental/Medical Insurance Companies (group number) and phone numbers:

We (I) _____, parent(s)/legal guardian(s), with legal custody of the above named minor, understand that in the event medical treatment is required every effort will be made to contact me. However, if we(I) cannot be reached, we (I) give permission to Madison Christian Church to take said participant to a doctor, hospital or emergency treatment center to obtain treatment. We (I) consent to any X-Rays, examinations, anesthesia, medical or surgical diagnosis, treatment or hospital care deemed necessary.

Signed: _____
(Custodial Parents or Guardian) (Date)