

Family Community Church Medical Release form 2023

Last Name: _____ First Name: _____

Address: _____ City: _____ Zip: _____

Date of Birth: ____ / ____ / ____ Grade: _____ School: _____

Parent/Guardian Names: _____

Parent/Guardian Cell: _____ Other Phone: _____

I give permission for the above signed to join and participate in events and/or activities of Family Community Church for the calendar year **2023**.

I hereby release Family Community Church (its staff and sponsors) of any liability for injury or illness that my child may sustain during any activity or transportation.

In the event of an emergency while the above signed minor is participating in events and/or activities of Family Community Church, I authorize Family Community Church staff as agents for the undersigned to consent to any x-ray examination, medical, dental, or surgical diagnosis, treatment, and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, at a doctor's office or in any hospital.

I expect to be contacted as soon as possible if any such emergency should occur. I give permission for _____ to ride in any vehicle designated by the adult in whose care the minor has been entrusted. In case of accident, we (I) shall be liable for any and all costs and expenses for medical/ dental treatment deemed necessary by a physician.

I will also pick up my child or arrange for his or her transportation home at my expense if the staff or sponsor of Family Community Church ministries deems such action necessary.

Emergency Contact: _____ Phone: _____

Relation to Child: _____

Emergency Contact: _____ Phone: _____

Relation to Child: _____

Medical Information: List any allergies/medications/illnesses and known physical or mental/emotional challenges: If none, check here: _____

Physicians Name: _____ Phone: _____

Medical Insurance Co: _____ Policy #: _____

Members Name: _____ Employer: _____

Parent/Guardian Signature

Date