

# East Ridge Church of Christ Youth Group – Medical Release Form

(The following information is confidential and will only be used in case of emergency)

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ S.S.#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If a parent/guardian lives at an address *other than* the address given above, provide name/address:

\_\_\_\_\_  
\_\_\_\_\_

Food Allergies: \_\_\_\_\_

Medical Allergies: \_\_\_\_\_

Medications currently being taken (include dosages/times): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Physical handicaps or limitations: \_\_\_\_\_

\_\_\_\_\_  
Permission to give: Aspirin \_\_\_\_\_ Tylenol \_\_\_\_\_ Advil \_\_\_\_\_ Benadryl \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Other special instructions/comments regarding your child's health/participation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Member's name: \_\_\_\_\_

Private Doctor: \_\_\_\_\_ Doctor's Contact #: \_\_\_\_\_

Contact  
Order

## Emergency Contact:

\_\_\_\_ Father's name: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

\_\_\_\_ Mother's name: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

\_\_\_\_ Other: \_\_\_\_\_ Cell #: \_\_\_\_\_ Relation: \_\_\_\_\_

I grant permission for my child to participate in youth group activities and trips with the East Ridge Church of Christ Youth Group. In the unlikely event of an emergency, I authorize 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, either at a doctor's office or in any hospital. I will be responsible for the cost of all medical treatment to the extent not covered under insurance. I will not hold the East Ridge Church of Christ liable for any such financial obligations, nor will I file any claims of damages against the East Ridge Church of Christ. This form will be in effect so long as the subject (listed above) participates in East Ridge Church of Christ youth group functions.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_