

# OAKLAND DRIVE CHRISTIAN CHURCH

Family with Youth Ministry – Medical Release Form

Name of Student: \_\_\_\_\_

Date of birth: \_\_\_\_\_

## PARENT OR LEGAL GUARDIAN AUTHORIZATION:

In case of emergency, if myself or legal guardian cannot be reached, I hereby give permission for my child to be treated by certified emergency personnel (i.e. EMT, First Responder, Emergency Room physician, etc.).

**FAMILY PHYSICIAN:** \_\_\_\_\_

Phone Number: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_

Address: \_\_\_\_\_

**FAMILY DENTIST:** \_\_\_\_\_ Phone Number: \_\_\_\_\_

## HEALTH INSURANCE INFORMATION:

Name of Health Plan/Policy: \_\_\_\_\_

Identification Number: \_\_\_\_\_

## IN CASE OF EMERGENCY CONTACT:

\_\_\_\_\_  
Name Phone Number Relationship to Student

\_\_\_\_\_  
Name Phone Number Relationship to Student

## MEDICAL CONDITIONS / MEDICATIONS

MEDICAL DIAGNOSIS	MEDICATION	DOSAGE/FREQUENCY
-------------------	------------	------------------

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

(Please use back of sheet if more entries are needed)

The purpose of the above information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

**DATE OF LAST TETANUS SHOT:** \_\_\_\_\_

**ACTIVITY RESTRICTIONS:** \_\_\_\_\_

**ADDITIONAL HEALTH INFO:** \_\_\_\_\_

Mr./Mrs./Miss \_\_\_\_\_ Date: \_\_\_\_\_

Parent Or Legal Guardian Signature