

# Medical Release Form

The following information is necessary to help avoid injury, and for rendering adequate and appropriate medical attention in the case of an accident. This information is confidential with access given only to facilitators who will be working with the said individuals and to qualified medical technicians in the case of an accident.

Name of participant: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Parents' Names: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_  
Health Insurance Co. \_\_\_\_\_ Phone: \_\_\_\_\_

Please list any physical disabilities, health concerns/limitations, allergies, reactions to medication:

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Please list any medication you are currently taking (prescribes and/or not prescribed, dosage, frequency and reason):

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I agree to allow \_\_\_\_\_ to participate in \_\_\_\_\_ on \_\_\_\_ / \_\_\_\_ / \_\_\_\_.  
Name of Participant Name of Event Date

I understand that in the case of excessive delinquent unacceptable behavior and in the judgment of the Youth Leader, I am responsible for the removal of my child from event upon request. No refund will be given for event fees.

In agreement to the medical disclosure of the policy of Calvary Fellowship Gig Harbor, I have disclosed to the best of my knowledge all pertinent information for my child's personal safety and appropriate medical attention. In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the physician selected by the Youth Leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medications for my child.

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