

Evangel Baptist Church Youth Activities

Medical Release Form

2020

Participant's Name: _____

Participant's Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Personal Information:

Gender: _____ Parent/Guardian Name: _____

Age: _____ Parent/Guardian Address: _____

Birth Date: _____ Family Physician: _____

Height: _____ Physician Phone: _____

Weight: _____ Medicine Being Taken: _____

Allergies: _____

In case of an emergency, please contact:

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Medical Insurance Coverage:

Company: _____ Phone #: _____

Policy #: _____ Group #: _____

Address: _____

City/State/Zip: _____

In the event of an emergency, of the above named child, I hereby authorize by signature that the above is truthful and correct. Furthermore, I give my consent to an adult leader of any 2020 Evangel youth activities as agent for me, 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 licensed to practice under the laws of his/her state. I expect to be contacted as soon as possible.

I have provided a copy of our insurance card (back and front) and have attached it to this document

Signature of Parent _____ Date _____

*In addition, I authorize any Evangel Youth Sponsor to administer basic first aid, and in the event of need provide an appropriate dosage of over the counter medication (ex. Tylenol, Advil, and Tums etc.). _____ (initial)