

SPRINGDALE PRESBYTERIAN CHURCH/MEDICAL RELEASE FORM
(To be filled out by parent or guardian; PLEASE PRINT except for signatures)

NAME of Child _____

DATE OF BIRTH _____ AGE _____

PARENT OR GUARDIAN _____

ADDRESS _____ ZIP _____

HOME PHONE _____ Cell/other phone _____

EMERGENCY PHONE _____ **Contact** _____

CHILD'S PHYSICIAN _____ Phone _____

INSURANCE COMPANY _____ Phone number _____

POLICY # _____

NAME OF INSURED _____

I grant permission for _____
(Print name of child/youth)

to participate with the Springdale Presbyterian Church (Louisville, KY) during group activities. I understand that every attempt will be made to contact the parent or guardian in the event of an emergency. I also authorize the adult leaders of Springdale Presbyterian Church to act as my agent to consent to emergency transportation, examination, x-ray, anesthesia, injection, medical, dental, or surgical diagnosis or treatment and hospital care as advised and administered by any physician, dentist, or surgeon licensed to practice under the laws of the state where services are rendered, either at a doctor's office, clinic, or hospital. I, therefore, assume all responsibility for the decision so made, for the emergency care or treatment so secured for my child, and for the cost incurred.

SIGNATURE OF PARENT/GUARDIAN

DATE

Allergies (including foods) or other conditions: _____

Any current medication: (please provide dosage and schedule)
