

Youth Group 2015-2016

Banner of Christ Church
1111 – 68th Street SE
Byron Center, MI 49315

Medical Release Form / Permission to Treat

Please print in ink and attach a photo copy of the student's medical insurance card (front and back).

Student's Name:

_____ DOB: ____/____/____
Last First

Age: _____ Gender: _____ Grade in school: _____

Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact Information:

Parent(s)/Guardians: _____

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____

Secondary Contact: _____

Relationship: _____ Home: (____) _____

Work: (____) _____

Cell: (____) _____

Insurance Co.: _____ Group#: _____

Policy#: _____

Policyholder: _____

Physician s Name: _____ Phone: (____) _____

Physical Limitations:

(Asthma, diabetes, allergies, etc.), and/or Special Instructions (Allergies, rare blood type, wears contact lenses, braces, etc.):

List ALL medication taken on a regular basis and/or any brought with student on mission trip. (Prescription meds MUST have a pharmacy label and name of doctor.) Please list dosages and times medication is taken. Also OTC medication must also be listed.

The Health History is correct so far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted. This consent form gives permission to seek whatever medical attention is deemed necessary, and releases Banner of Christ Church, its staff and youth workers of any liability against personal losses of named child. I hereby give permission to medical personnel selected by Banner of Christ staff or youth leaders to order X-rays, routine tests, and treatment for named child. In the event of an emergency and neither the primary contact nor secondary can be reached, I hereby give permission to the physician selected by Banner of Christ staff or youth leaders to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery to named child. I further authorize the release of the above medical information to appropriate medical personnel and/or the health coverage insurance company. In addition, I have, and do hereby, release Banner of Christ, its employees or agents from liability associated with participation in a church activity. I understand that if I do not have medical insurance, I, as the parent or guardian, will be responsible for any medical expenses in the event of a sickness and/or injury. I understand that there are risks involved in taking place in recreation activities and other activities related to participation in youth functions.

Signature of Parent/Guardian _____ Date _____