



Medical Release Form

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|--------------------------|----------------------|----------------------------|
| Name _____ | Name of Church _____ | |
| Address _____ | City/State/Zip _____ | |
| Birthdate _____ | Age _____ | Parent/Guardian Name _____ |
| Employed by _____ | | |
| Daytime Phone () _____ | | Evening Phone () _____ |
| Comments/Concerns: _____ | | |

EMERGENCY MEDICAL AUTHORIZATION

Event: _____ Date: _____

In the event of an emergency, I hereby give permission to the Door Creek Church-appointed sponsor who is with my child, or their designee, who is present at the above mentioned event to obtain medical assistance for my child. I also give permission to the Physician selected to hospitalize and secure proper treatment for my child.

Parent/Guardian Signature _____

Insurance Company _____ Policy Number _____

If I cannot be reached, please notify _____ () _____