

## Medical Release Form

Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_

Phone(\_\_\_\_) \_\_\_\_\_ Parent or Guardian \_\_\_\_\_

Address (If different from child) \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_

Is your child allergic to

\_\_\_\_ Bee Sting    \_\_\_\_ Pollen    \_\_\_\_ Hay/Straw

\_\_\_\_ Penicillin    Drugs \_\_\_\_\_

Does your child have any life-threatening allergies?

(If yes, to what)

Is your child bringing any medication with him/her?

(If yes, please list)

Does your child have any physical, emotional, mental or behavioral concerns or limitations that our staff should be aware of? (If yes, please explain)

Has your child ever had:

\_\_\_\_ Seizures    \_\_\_\_ Asthma    \_\_\_\_ Heart Disease    \_\_\_\_ Diabetes

Other \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

In case of medical emergency, I understand that hospital policy requires parental permission before treatment. I hereby give my permission to a representative of Mansfield Alliance Church to secure proper medical treatment. *Parents will be notified immediately of any medical emergency.*

Parent/Guardian Sign and Date: \_\_\_\_\_

Emergency Phone: (\_\_\_\_) \_\_\_\_\_

Person to contact if parent/guardian cannot be reached

\_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

## PARENTAL CONSENT FORM

I hereby consent to let my child,

\_\_\_\_\_

**participate in all Youth Group Activities with Mansfield Alliance Church from June 1, 2017 through August 31, 2018, including activities that require transportation provided by the church both in Mansfield and outside of Mansfield.** It is understood that every precaution will be taken for the safety and well-being of my child, but in the event of an accident or sickness, Mansfield Alliance Church, its staff and volunteers are hereby released from any liability.

Parent/Guardian Printed Name:

\_\_\_\_\_

Parent/Guardian Signature:

Date:

\_\_\_\_\_

Phone:

(\_\_\_\_) \_\_\_\_\_

Cell:

(\_\_\_\_) \_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_