

MEDICAL RELEASE FORM

MINOR CHILD

EFFECTIVE FOR ALL TRIPS AND/OR FUNCTIONS WITH THE SUNSET CHURCH OF CHRIST
FOR THE YEAR OF 2010-2011.

NAME: _____
ADDRESS: _____ BIRTHDATE: _____
PHONE NUMBER: _____ PARENT or
GUARDIAN'S NAME: _____

MEDICAL INFORMATION

PHYSICIAN'S NAME and TELEPHONE #	DRUG ALLERGIES	CURRENT MEDICATIONS

LIST ALL PERTINENT MEDICAL PROBLEMS: _____

* I give permission to dispense over the counter medications to my child: Yes No

IN CASE OF EMERGENCY, CONTACT:

NAME: _____ CELL PHONE: () _____
HOME PHONE: () _____ BUSINESS PHONE: () _____

2ND CONTACT:

NAME: _____ CELL PHONE: () _____
HOME PHONE: () _____ BUSINESS PHONE: () _____

MEDICAL INSURANCE INFORMATION:

POLICY HOLDER: _____ GROUP #/ POLICY # _____
INSURANCE CO.: _____
INSURANCE PHONE: () _____

SUNSET CHURCH OF CHRIST MEDICAL INSURANCE: Accidental medical benefits are provided for members and guests while involved in any church sponsored event. The limit per person is \$5,000.00. Organized sporting events and automotive related injuries are excluded. Automotive related injuries are provided for under the vehicle policy with a limit of \$2,500.00 per person. There is no coverage under these policies for sickness whether sudden or not, unless caused by a covered accident.

MEDICAL RELEASE:

I understand that in the event medical treatment is required for the above-named MINOR, that every effort will be made to contact me (us). However, if I cannot be reached, I give my permission to the staff or sponsor of the Sunset Church of Christ to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my child's well-being.

SIGNED: _____ DATE: _____
(Parent or Guardian)