



Medical Release Form

January – December 20__

While my child is in the supervision of Grandview Baptist Church, any of its teachers or leaders, we authorize him/her to receive first aid and other emergency care.

If it should become necessary for my child to receive professional medical, surgical, or dental treatment, we authorize the responsible Grandview Baptist Church teacher or leader to give the necessary "parental consent" in our stead for a licensed physician, surgeon, or dentist to administer any medical, surgical, or dental treatment he/they deem(s) necessary, including hospitalization and surgery. We understand that every effort will be made to contact us immediately upon the discovery of the emergency. We further understand that we will take full financial responsibility for all expenses that might be incurred that are not covered by our insurance provider and/or Grandview Baptist Church.

This consent is given in advance of any specific diagnosis or treatment being required, and is given primarily to encourage those teachers or leaders who have temporary custody of our son/daughter, and the said physician, surgeon, or dentist to exercise his/their best judgment in situations deemed an emergency as to the requirements of such diagnosis or medical, surgical, or dental treatment.

Child's Name _____ Home Phone _____

Date of Birth ____/____/____ Grade _____ Sex _____

Address _____

City/State/Zip _____

Parent Name(s) _____

Mom's Work Phone _____ Mom's Cell Phone _____

Dad's Work Phone _____ Dad's Cell Phone _____

Name of Insurance Co. _____ Phone _____

Address of Insurance Co. _____

Policy No. _____ Certificate or I.D. _____

Name of Policy Holder _____

List Allergies _____ Date of last tetanus shot _____

List medications being taken _____

Family Physician _____ Business Phone _____

Other Persons to Notify in Emergency:

Name _____ Relationship _____

Home Phone _____ Work/Cell Phone _____

Name _____ Relationship _____

Home Phone _____ Work/Cell Phone _____

Parent/Guardian Signature _____ Date _____