

*Village Church*



# Medical Release

This Medical Release is good until rescinded in writing. PLEASE PRINT-

Participant's Name \_\_\_\_\_

Full Street Address \_\_\_\_\_ Post Office Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-Mail \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell(\_\_\_\_) \_\_\_\_\_

Medical Insurance? (Yes) (No) Carrier \_\_\_\_\_ Policy No. \_\_\_\_\_

Subscriber # \_\_\_\_\_ Phone # \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

☞ Medical Allergies, medication being taken, medical problems, or other pertinent information:

I/we understand that, in the event medical treatment is required; every effort will be made to contact me/us. However, if I/we cannot be reached, I/we give my permission to The Village Church or an adult sponsor to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my/our child's well-being.

Signed \_\_\_\_\_ Date \_\_\_\_\_

PARENT/S OR LEGAL GUARDIAN/S PLEASE PRINT NAME HERE \_\_\_\_\_

*BLOOD FOR 2009 — 2011*