MEDICAL RELEASE FORM

Crossroads Community Church

Church/Organization Name

Student's Name: ______________________________ D.O.B.: __________

Phone: (____)______-________ Address: ______________________________

____

Parents'/Guardians' Names: ______________________________

Address (if different from child's): ______________________________

____

Insurance Company: ______________________________

Policy #: ________________ Insured: ______________________________

1. Is your child allergic to:

   ☐ bee sting ☐ pollens ☐ other drugs ________________

   ☐ hay, straw ☐ penicillin ☐ other ________________

2. Does your child have any life-threatening allergies? ☐ Yes ☐ No

   If yes, to what? ______________________________

   ____

3. Is your child bringing any medication with him/her? ☐ Yes ☐ No

   If yes, please list and state dosage: ______________________________

   ____

   PLEASE NOTE: Medication should be in its original prescription bottle/package, which should have administration instructions and the child's name clearly indicated.

4. Does your child have any physical, emotional, mental or behavioral concerns or limitations that our staff should be aware of? ☐ Yes ☐ No

If yes, please explain: ____

____

____

5. Has your child ever had:

☐ seizures ☐ asthma ☐ diabetes

☐ homesickness ☐ heart disease ☐ other ______________________

6. Date of last tetanus shot: ______________________

In the case of medical emergency, I understand that hospital policy requires parental permission before treatment. I hereby give my permission to a representative of: Church to administer medication as identified above (see #3) and to secure proper medical treatment.

Parents will be notified immediately of any medical emergency.

Signature of Parent/Guardian: ______________________________________

Date: ____________________

Emergency Phone: (_____)______-________

Person to contact if parent/guardian cannot be reached: ______________________

Relationship: ______________________________ Phone: (_____)______-________