

Clinton Community Church

Medical Release Form

(To be completed by parent or legal guardian)

Child's Name: _____

Telephone: () _____

Address: _____

State: _____ Zip: _____

EMERGENCY CONTACTS (other than parent or guardian)

Alternate # 1 Name _____ Relationship _____

Address _____

Phone # () _____

Alternate # 1 Name _____ Relationship _____

Address _____

Phone # () _____

Insurance Company: _____ Policy # _____

Student's Doctor's Name: _____ Phone # () _____

PHYSICAL CONDITIONS

Allergies Asthma Sensitive to Sugar Bed Wetting Rheumatic Fever

Heart Condition Stomach Issues Frequent Colds Epilepsy/Disease

Diabetes Eye, ear, Nose, Other _____

-Detail of any of the above: _____

-List any medications taken on a regular basis and dosage: _____

-Tetanus Toxoid? YES NO Date of last injection: _____

-Any swimming restrictions? _____

-Any restrictions to other trip activity? _____

-Other helpful information: _____

IN CASE OF EMERGENCY, I give permission to the licensed physician and hospital selected by the leader in charge to hospitalize, secure proper treatment, and order injection, anesthesia, or surgery to my son. (To be used only after reasonable attempts to reach parent or guardian have been made.)

Parent/Guardian Signature _____

Date _____

**PLEASE COMPLETE THE MEDICAL RELEASE FORM
AND BRING IT WITH YOU**

NO ADMISSION WITHOUT MEDICAL RELEASE FORM