



**Medical Release Form / Permission to Treat
2016-2017**

Personal Information:

Name: _____

SS # _____ DOB: ____/____/____ Age: ____ Gender: ____ Grade: ____

Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact Information:

Parent/Guardian: _____

Home Phone: (____) _____ Work Phone: (____) _____

Secondary Contact: _____ Relationship: _____

Home Phone: (____) _____ Work Phone: (____) _____

Email: _____

Insurance Information:

*Attach a copy of your insurance card to this form.

Insurance Co.: _____ Group #: _____ Policy #: _____

Cardholder: _____ Relationship to Cardholder: _____

Insurance Co. Address: _____

Insurance Co. Phone: (____) _____

Personal Medical Information:

Physician's Name: _____ Phone: (____) _____

Physical Limitations (Asthma, diabetes, allergies, etc.), and/or Special Instructions (Allergic to certain meds, rare blood type, wears contact lenses, etc.):

List ALL medication taken on a regular basis with dosage and/or any brought with you. (Prescription meds MUST have a pharmacy label and name of doctor.)

List all operations/serious injuries and dates within the past five (5) years:

The Health History is correct so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted.

Emergency Authorization – I hereby give permission to medical personnel selected by Parkview Church, a sponsor/his designee to order X-rays, routine tests, and treatment for my child. In the event of an emergency and neither my primary contact nor secondary can be reached, I hereby give permission to the physician selected by the Authorized Agent to hospitalize, secure proper treatment, order injections and/or anesthesia an/or surgery to my child as named above.

I further authorize the release of the above medical information to appropriate medical personnel and/or the health coverage insurance company. In addition, I have, and do hereby, release the church, its employees or agents from liability associated with participation in a church activity. I understand that if I do not have medical insurance, I, as the parent or guardian, will be responsible for any medical expenses in the event of a sickness and/or injury.

I understand that there are risks involved in taking place in recreation activities and other activities related to participation in youth functions.

Signature of Parent/Guardian _____ Date _____

Printed Name of Parent/Guardian_____

PARENT OR LEGAL GUARDIAN PERMISSION FOR PHOTOGRAPH, MOVING PICTURE, AND VIDEO RELEASE

I hereby certify that I am the parent or legal guardian of the child(ren) on this form, and irrevocably consent to and authorize the use and reproduction by Parkview, or anyone authorized by Parkview, of any and all photographs, moving pictures, or videotapes which you may take during any Parkview event for advertising/promotional purposes, without further compensation to me. All negatives and positives, together with the prints, shall constitute the property of Parkview Evangelical Free Church solely and completely.

Parent/Guardian Signature

Date