



# WEST TOWNE CHRISTIAN CHURCH

## 2017 MEDICAL RELEASE FORM

I hereby release West Towne Christian Church, its staff and sponsors, from responsibility and liability for any injury or illness that my child may sustain during activities occurring in the 2017 calendar year. In the event of emergency, I hereby authorize an adult leader of any 2017 activity, as agent for me, to consent to any x-ray, examination, medical, dental, or dentist (as appropriate) licensed to practice in the state where the services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

\_\_\_\_\_  
Name of Child

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date of Signature

### **Emergency Contact Information**

Father: \_\_\_\_\_ Ph.#: H \_\_\_\_\_ W \_\_\_\_\_ C \_\_\_\_\_

Mother: \_\_\_\_\_ Ph.#: H \_\_\_\_\_ W \_\_\_\_\_ C \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Ph.#: H \_\_\_\_\_ W \_\_\_\_\_ C \_\_\_\_\_

Student Address: \_\_\_\_\_

Student Soc. Sec. # \_\_\_\_\_ Age \_\_\_\_\_

### **Medical Information**

Student's Physician: \_\_\_\_\_ Ph. # \_\_\_\_\_

Medications being taken: \_\_\_\_\_

Allergies: \_\_\_\_\_

Physical Limitations: \_\_\_\_\_

Other: \_\_\_\_\_

### **Insurance Information**

Insurance Provider: \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Name of Insured \_\_\_\_\_

Soc. Sec. # of the Parent with the Insurance Policy \_\_\_\_\_

Soc. Sec. # of the Student \_\_\_\_\_

***Photocopy front and back of Health Insurance card on back***

If insurance information changes in the 2017 calendar year, please notify the appropriate church staff with any changes.