



WEST TOWNE CHRISTIAN CHURCH 2020 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 2020 calendar year. In the event of emergency, I hereby authorize an adult leader of any 2020 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 2020 calendar year, please notify the appropriate church staff with any changes.