



WEST TOWNE CHRISTIAN CHURCH 2022 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 2022 calendar year. In the event of emergency, I hereby authorize an adult leader of any 2022 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

Parent / Legal Guardian: _____ Cell #: _____

Other Emergency Contact: _____ Cell #: _____

Student Address: _____ 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 2022 calendar year, please notify the appropriate church staff with any changes.