



# WEST TOWNE CHRISTIAN CHURCH 2018 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 2018 calendar year. In the event of emergency, I hereby authorize an adult leader of any 2018 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 2018 calendar year, please notify the appropriate church staff with any changes.