

Medical Release and Authorization Form

PROGRAM INFORMATION (date, location, cost, drop off/pick up, contact info)

STUDENT INFORMATION

Student Name	Birthday	Age
Phone Number	Grade	<input type="radio"/> Male <input type="radio"/> Female
Address	City	Zip Code

EMERGENCY CONTACT

Name
Relationship
Phone Number (to be reached during program)

INSURANCE INFORMATION

Insurance Company
Policy Number
Insured's Name

HEALTH INFORMATION

Check if your child has any of the following:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Frequent or severe headaches | <input type="checkbox"/> Shortness of breath | <input type="checkbox"/> Dizziness or fainting spells | <input type="checkbox"/> Ear, nose, or throat trouble |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart trouble | <input type="checkbox"/> Frequent cold | <input type="checkbox"/> Diabetes |

List allergies and/or allergic reactions _____

List medication your child is now taking _____

EMERGENCY MEDICAL AUTHORIZATION

Parent or Guardian: Should it be necessary for my child to have medical treatment while participating in the activity(ies), I hereby give the person(s) in charge permission to act on my behalf to secure any hospitalization or medical services deemed necessary and appropriate by the physician. I absolve said Church from any and all forms of negligence and wrong treatment incurred in the procurement and process of hospitalization and medical treatment. I understand that the First Chinese Baptist Church, Walnut has no accident insurance. Any cost incurred shall be my sole responsibility.

Name	Relationship
Signed	Date