

MEDICAL RELEASE FORM

(form must be notarized)

(Patient's information)

(Guardian's information)

NAME _____

NAME _____

ADDRESS _____

ADDRESS _____

PH # _____

PH # _____

BIRTH DATE _____

RELATIONSHIP _____

S.S.# _____

EMPLOYER _____

MED. INSURANCE _____

POLICY # _____

PLEASE LIST ANY HEALTH CONDITIONS AND/OR ALLERGIES _____

PLEASE LIST ANY MEDICATIONS _____

DATE OF LAST TETANUS _____

I hereby give my consent to the Authorized physician or Hospital to render treatment to my child should the physician deem it necessary. I give consent to transport by ambulance should the situation warrant it. I accept financial responsibility for all treatment.

parents signature

notary signature

SEAL:

DATE: _____

This is to certify that I am the parent or legal guardian of the child named above and he/she has my permission to attend church sponsored activities at New Life Christian Fellowship. I hereby release NLCF, it's officers, agents, employees and other representatives from any and all liability for personal injury or property damage resulting or occurring during any such activity or while in transit. I release New Life Christian Fellowship from any liability in connection with medical treatment. I understand that in the event of an emergency situation, I will be contacted at the earliest reasonable opportunity.