

Medical Release Form



Name of event: **Vacation Bible School - Kingdom of the Son**

I (we), the undersigned parent(s) or guardian(s) of _____ a minor, do hereby authorize adult volunteers of The Holy Apostolic Catholic Assyrian Church of the East as agent(s) for the undersigned, to consent to any medical or care deemed advisable by any accredited physician or surgeon in an approved emergency clinic or hospital. I further release from any liability The Holy Apostolic Catholic Assyrian Church of the East, any of its ministries or leaders in the event of an accident en route, during and returning from the above mentioned event. This agreement does not apply to claims for intentional misconduct or gross negligence.

Date signed _____

Parent/Legal Guardian (print) _____

Parent/Legal Guardian (sign) _____

Address _____ City _____

Emergency Phone: Home (_____) _____ Work (_____) _____

Health Insurance Company _____

Policy or Group Number _____ Phone (_____) _____

If parent/legal guardian is not available in an emergency, contact
Name _____

Phone (_____) _____

Please list any allergies. Include medications, foods, etc.

Does your child have any medical or special needs, including medications currently being used? No _____ Yes _____ If yes, please explain.

Doctor's Name _____

Phone (_____) _____

Dentist's Name _____

Phone (_____) _____

Date of last tetanus shot _____

Birth date _____

Please: Please complete one medical release form per child