

Family Medical Release Form

PARENTS: Please check the current year, update all info and sign for this Medical Release to be effective that year. This form is good for all church related events. We keep forms and they can be updated each year.

Child's Name: _____ Birth date: _____
 2014 Age: _____ Grade: _____ Parent Signature: _____ Date: _____
 2015 Age: _____ Grade: _____ Parent Signature: _____ Date: _____
 2016 Age: _____ Grade: _____ Parent Signature: _____ Date: _____

Child's Name: _____ Birth date: _____
 2014 Age: _____ Grade: _____ Parent Signature: _____ Date: _____
 2015 Age: _____ Grade: _____ Parent Signature: _____ Date: _____
 2016 Age: _____ Grade: _____ Parent Signature: _____ Date: _____

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 2014 Age: _____ Grade: _____ Parent Signature: _____ Date: _____
 2015 Age: _____ Grade: _____ Parent Signature: _____ Date: _____
 2016 Age: _____ Grade: _____ Parent Signature: _____ Date: _____

Family Info

Address: _____ City: _____ State: _____ Zip: _____

Parent or Legal Guardian: _____ Cell Phone: _____

Work Phone: _____ Home Phone: _____ Email: _____

Family's Insurance Info

Insurance Carrier: _____ Policy # : _____

Primary Physician: _____ Clinic: _____ Clinic Phone #: _____

Medial History/Allergies (Clearly clarify each child separately!): _____

Medications (Clearly clarify each child separately!): _____

If I cannot be reached in the event of an emergency, the following person is authorized to act on my behalf:

Name: _____ Relationship: _____

Home Phone # _____ Cell Phone #: _____

Address: _____ City: _____ State: _____ Zip: _____

As the parent of this child(ren), I give permission for my son(s)/daughter(s) to participate in these New Life Church events and grant permission for my son(s)/daughter(s), named, to ride the bus if necessary for special events and to be videotaped or pictured at NLC for promotional reasons only.

In the event we cannot be reached in an emergency, I hereby give permission to the physician selected by the pastoral staff and/or ministry leaders of New Life Church to hospitalize, secure proper treatment for and to order injection, anesthesia or surgery for my child as named above. They personal and medical information above is current or has been updated as of date of this release form. It is understood that a conscientious effort will be made to locate me or the emergency contact listed above before action is taken. I hereby agree that all expenses incurred in an emergency will be my responsibility to pay. I also agree to hold harmless and indemnify the pastoral staff and/or ministry leaders of New Life Church accompanying the activities and events.

Parent or Legal Guardian's Signature

Date