

2012 **PHOENIX** STUDENT MINISTRY Medical Release Form

Fair Oaks Church 4601 W. Ox. Rd. Fairfax, VA 22030 703-631-1112

Permission

I _____ (Parent) give permission to Fair Oaks Church and Phoenix to supervise and transport _____ (Child's Name) to all activities in 2012 and to aid him/her in a medical crisis. In case of an accident, I the undersigned parent/guardian release Fair Oaks Church and Phoenix and their representatives from all liability.

In the event of an illness/accident of my child, I authorize representatives of Fair Oaks Church and Phoenix to obtain any and all medical treatment they deem necessary for my child. I give the doctors/hospital of their choosing permission to treat and/or hospitalize my child as necessary. I also understand that I assume all financial responsibility for treatment of my child.

Date

Signature (PARENT/GUARDIAN)

Personal Information

Name _____ S.S.# _____

Address _____ City _____

State _____ Zip _____ Phone _____ Birth date _____

Parent/Guardian Name _____ Phone _____

In case of an emergency and I cannot be reached, please contact:

Phone _____

Relationship to Child _____

Medical Information

Child's name _____ Date of last tetanus shot _____

Allergies _____

Medication child is presently taking _____

List any physical problems that would restrict your child's activities _____

Insurance Information

Insurance Company _____

Insured's Name _____

Insured's Social Security Number _____ Birth date _____

Policy Number _____ Group Number _____

Insurance Company Address: _____