

Immanuel Homeschool Group

MEDICAL RELEASE FORM

⇒ Please furnish health information on anyone in your family that will be attending IHG.

Mother's or other Adult health information:

Last name _____ First name _____
Address _____
Phone # _____ Doctor _____ Phone # _____
Medical insurance carrier _____ ID# _____
Allergies and/or significant medical conditions:

Medications taken regularly:

Father's or other Adult health Information:

Last name _____ First name _____
Address _____
Phone # _____ Doctor _____ Phone # _____
Medical insurance carrier _____ ID# _____
Allergies and/or significant medical conditions:

Medications taken regularly:

Emergency Contacts for the Family

Name _____ Phone _____ Relationship _____
Name _____ Phone _____ Relationship _____

CONSENT FOR HOSPITAL ADMISSION and/or PHYSICIAN'S CARE

We (I), the undersigned, hereby consent to all emergency medical and surgical treatment which may be deemed necessary for _____

(Print the names of both parents (or other adult) and children)

We (I) shall be liable and agree to pay all costs and expenses incurred in connection with such medical services rendered.

We (I) have read the above consent and understand and agree to its content:

Father's (or other adult) signature _____ Date _____

Mother's (or other adult) signature _____ Date _____

⇒ Please fill out children's medical information on next page.