

Medical Release Form

(Please circle) Student Sponsor

January 1 - December 31, 2009

Student/Sponsor Information:

Name: _____ Gender: _____ DOB: _____ Current Grade or Grad Year _____
 Address: _____ City: _____ Zip: _____ Home Phone: _____
 Email: _____ Cell Phone: _____ School: _____

Parent/Guardian Name(s): (This information is not required for persons over 21 years of age.)

Father: _____ Mother: _____
 Address: _____ Address: _____
 City: _____ Zip _____ City: _____ Zip _____
 (If different from above) (If different from above)
 Phone (cell): _____ (home): _____ Phone (cell): _____ (home): _____
 Email: _____ Email: _____

Parent/Guardian Employed by: (This information is not required for persons over 21 years of age.)

Father: _____ Mother: _____
 Father's Work Number: _____ Mother's Work Number: _____

Medical Information for Student/Sponsor:

Doctor's Name: _____ Doctor's Phone number: _____
 Are you currently taking medicine or treatment? (Please circle) Yes No
 If yes, explain _____
 Are you restricted from sports or swimming for any reason? Yes No
 If yes, explain _____
 Date of last Tetanus Toxoid Immunization: Month _____ Year _____
 Have you ever had a severe reaction to a bee/hornet sting or insect bite? (Please circle) Yes No
 If yes, please explain _____

Do you have? (Please circle)

List any Allergies:

Sinus Trouble _____ Food _____
 Hay Fever _____
 Heart Trouble _____
 Epilepsy _____
 Asthma _____
 Diabetes _____
 Do you have other medical needs? _____

Insurance Information:

Insurance Company _____ Policy Number _____ Group Number _____
 If parent cannot be reached, please notify: _____ (relationship to participant) _____
 Phone: _____ or _____

Parent, I give my authority and consent to Westlink Christian Church's sponsors/leadership to seek a doctor or qualified person to provide emergency medical treatment to the above named student/visitor in the event he/she is ill or injured while participating or traveling to or from any church sponsored event/activity. I, undersigned parent/guardian of the above mentioned child who is a minor, do release, acquit, discharge and covenant to hold harmless its sponsors and representatives from any and all actions, causes of actions, damages, and/or liabilities arising from the medical treatment of any sickness or injuries from an accident incurred by my said child during this activity.

Signature of Parent/Guardian _____ **Date** _____

Please Print and Sign and Date Above!