



MEDICAL RELEASE FORM

Parental Authorization:

I hereby give my permission for _____ to attend _____
(student's name)
First Presbyterian Church's youth functions. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by a sponsoring adult to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for my child as named above.

Signature of parent or guardian

date

Student Information:

Name _____ Sex ____ Birthday _____

Parent/Guardian _____ Home Phone ____/_____

Work Phone ____/_____ Cell Phone ____/_____

Address _____

City _____ State ____ Zip _____

HEALTH HISTORY: (Check, giving approximate dates)

Ear infections _____ Diabetes _____ Asthma _____

Convulsions /Epilepsy _____ Other _____

KNOWN ALLERGIES:

Poison ivy _____ Hay fever _____ Insect stings _____

Penicillin _____ Other drugs _____

MEDICATIONS CURRENTLY TAKING / ONGOING CONDITIONS:

HEALTH INSURANCE INFORMATION

Family physician _____ Phone _____

Health Insurance Co. _____

Policy No. _____