

New Life Evangelical Free Church

Youth Ministries August, 2010—August 2011- Medical Release Form

Name: _____ Date of Birth: ____/____/____

Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Medical Insurance Company: _____

Address of Insurance Company: _____

Insurance Policy Name: _____

Group Number: _____ Subscriber Number: _____

Allergies: _____

Physical/Mental Problems: _____

In Case of an Emergency, Contact: _____

Home Phone: _____ Work Phone: _____

We, the parents or legal guardians of _____ do release New Life Evangelical Free Church and church personnel of any responsibility for accidental injuries sustained during activities. We hereby grant for the above named teen my permission to go on the scheduled trips. IN CASE OF EMERGENCY, WE THE PARENTS OR LEGAL GUARDIANS OF _____ HEREBY GIVE PERMISSION TO THE PHYSICIAN AND/OR HOSPITAL PERSONNEL SELECTED BY THE CHURCH PERSONNEL TO HOSPITALIZE, SECURE PROPER TREATMENT AND TO ORDER INJECTION, ANESTISIA OR SURGERY FOR MY CHILD AS DEEMED NECESSARY.

Signed by parent or legal guardian: _____ Date: _____

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