

Medical Release Form

I, _____, being the parent(s) of _____ authorize **Elkton Baptist Church** to seek, obtain, and consent to routine medical care and treatment, emergency medical care and treatment, surgery, hospitalization, blood transfusions, and dental care as deemed necessary by a licensed medical or healthcare professional. This authorization is for the time period when my child is in the care of **Elkton Baptist Church**, and is effective *February 23, 2018 until February 25, 2018*.

Parent/Guardian Information

_____	_____
Parent/Guardian Name	Relation to Child
_____	_____
Address	Email
_____	_____
Cell Phone	Work Phone

Home Phone	

Emergency Contact Person's Information

_____	_____
Parent/Guardian Name	Relation to Child
_____	_____
Address	Home Phone
_____	_____
Cell Phone	Work Phone

Child's Information

_____	_____	_____
Full Name	Birthdate	Sex

_____	_____	_____
Allergies/Medical Conditions	Full Name	Last Tetanus Shot

Medications		

Medical Care Info

Physician

Phone Number

Insurance Company

Phone Number

Policy/Group Number

Policy Holder

Signature

Parent/Guardian Signature

Date

Print Name