

Hillcrest Covenant Church
Youth Ministries
Medical Release Form



Parent/Legal Guardians Name:

Address:

Phone Numbers: (_____) _____ - _____

(_____) _____ - _____

In an emergency, please contact: _____

Relationship to child/children: _____

List all Known Medical Conditions

<u>Children's Names</u>	<u>List all Know Medical Conditions</u>	<u>Food Allergies and/or Drug Allergies</u>

Physicians Name: _____

Address: _____

Phone Numbers:(_____) _____ - _____ (_____) _____ - _____

Primary Insurance:

Address: _____

Policy Holder's Name: _____

Relationship to child/children: _____

ID: _____ Group/Policy Number: _____

Statement of Consent:

In the event of an emergency or non-emergency situation requiring medical treatment,

I, _____, hereby grant permission for any and all medical and/or dental attention to be administered to my child/children, in the event of an accidental injury or illness, until such time as I can be contacted. This permission includes, but is not limited to, the administration of first aid, the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel.

Signature: _____ **Date:** _____

I, _____, understand that during the course of events and ministry opportunities there will be pictures taken to help us remember the events and fun times had. I give permission for my child(ren)'s picture to be used in church publications such as but not limited to: the newsletter, the church website and social media platforms (facebook, instagram).

Signature: _____ **Date:** _____