

MEDICAL RELEASE FORM

I, _____ (Parent/Guardian's Name) hereby give permission for any and all medical attention to be administered to my child _____ (Child's Name) In the event of accident, injury, sickness, etc., under the direction of Lilburn Alliance Church Youth Pastor and Youth Coaches, until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment. This release is effective for the period of September 1, 2008 to September 1, 2009.

HOME ADDRESS:

HOME PHONE:

INSURANCE COMPANY:

GROUP NUMBER AND POLICY NUMBER:

In case I cannot be reached, any of the following persons is designated to act on my behalf. List two emergency contacts with all phone numbers.

Emergency contact #1:

Emergency contact #2:

PHYSICIAN:

ADDRESS:

PHONE:

KNOWN ALLERGIES/HEALTH CONDITIONS:

CURRENT MEDICATIONS:

SIGNATURE (PARENT/GAURDIAN) _____

DATE _____

Subscribed and sworn before me,

This _____ day of _____, 20 _____

Notary Public

My Commission Expires