

CLIFTON FORGE BAPTIST CHURCH YOUTH GROUP

MEDICAL RELEASE FORM

To Whom It May Concern:

We _____ give permission to the Clifton Forge Baptist Church Youth Adult Leaders to obtain assistance for our son/daughter _____ as may be needed while under their supervision. We have listed below some pertinent information which may be needed in the event of seeking medical assistance.

We may be contacted at _____ (home phone), _____ (cell number) or _____ (work phone). In the event we cannot be reached at the previous numbers you may contact _____ (name) at _____ (home phone) or _____ (cell number) who will locate us in the event of an emergency.

Our medical insurance carrier is: _____.

Policy and/or group number: _____.

The policy is in the name of _____ and our son/daughter is an eligible dependent.

Our son/daughter is allergic to _____.

Please list any other medical information you feel we need to know:

_____.

Signature of Parent/Guardian

Signature of Parent/Guardian

Date

Date
