

Medical Release Form

I hereby release the staff and sponsors of West Towne Christian Church from responsibility and liability for any injury or illness that my child may sustain during this activity. In the event of emergency, I hereby authorize an adult leader of this activity, as agent to me, to consent to any x-ray, examination, medical, dental, or dentist (as appropriate) licensed to practice in the state where the services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

Name of Child

Date of Birth

Signature of parent or Legal Guardian

Date

Emergency Contact Information

Father: _____ Ph.#: H _____ W _____ C _____

Mother: _____ Ph.#: H _____ W _____ C _____

Emergency Contact: _____ Ph.#: H _____ W _____ C _____

Student Address: _____

Student Soc. Sec. # _____ Age _____

Medical Information

Student's Physician: _____ Ph. # _____

Medications being taken: _____

Allergies: _____

Physical Limitations: _____

Other: _____

Insurance Provider: _____

Policy # _____ Group # _____

Soc. Sec. # of the Parent with the Insurance Policy _____

Photocopy front and back of Health Insurance card on back

STATE OF TENNESSEE)
COUNTY OF KNOX)

Before me, the undersigned, a Notary Public in and for the state and county aforesaid, personally appeared _____, to me known, or proved to me on the basis of satisfactory evidence, to be the person described herein and who executed the foregoing instrument and acknowledged that he/she executed the same as his/her free act and deed.

Witness my hand and seal this _____ day of _____, 2005.

Notary Public _____
My commission expires _____