

**MEDICAL RELEASE FORM**  
Winter Retreat 2018

Name of Participant: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City, State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Participant's Cell: \_\_\_\_\_ Parent/Guardian Cell: \_\_\_\_\_

I, the undersigned, do hereby give permission for my child, \_\_\_\_\_,  
 to attend and participate in the above mentioned activity sponsored by the Pleasanton Church of Christ.

I authorize adult sponsors of Pleasanton Church of Christ, in whose care the minor has been entrusted, to consent to any examination, X-ray, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care which is rendered necessary for the minor. Further, as parent or guardian of the minor named above, I do hereby expressly consent that emergency medical treatment may be rendered from any physician, hospital, or other medical center without necessity of first notifying me.

The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

\_\_\_\_\_  
 Signature of Parent/Guardian      \_\_\_\_\_      \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Child's Signature      Date

Child's Physician: \_\_\_\_\_ Medical Insurance?  No  Yes

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

~Any allergies? (drug, food, environmental)  No  Yes

List: \_\_\_\_\_

~Taking prescription medication(s)?  No  Yes

List: \_\_\_\_\_

***Medications must be brought in the original bottle with prescription label and given to the medical personnel in attendance for supervised administration.***

<b>EMERGENCY CONTACT #1:</b>	<b>EMERGENCY CONTACT #2:</b>
<b>Primary Phone #: ( ) ____ - ____</b>	<b>Primary Phone #: ( ) ____ - ____</b>
<b>Alternate Phone #: ( ) ____ - ____</b>	<b>Alternate Phone #: ( ) ____ - ____</b>