

TEENS FOR CHRIST NORTHWEST

914 Citadel Dr. #D
Everson, WA 98247

Medical Release Form

MEDICAL RELEASE FORM

Name of Participant _____

Birth date _____ Age _____ Phone # _____

Mailing Address _____

City _____ State _____ Zip _____

School _____ Grade _____

Parent(s) business or cell phones _____ (dad) _____ (mom)

Email Address _____

To whom it may concern:

The undersigned does hereby give permission for our (my) child, _____, to attend and participate in the outings sponsored by Teens for Christ for the school year of 20____20____. We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray exams, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnoses or treatment is rendered at the office of a physician or at a hospital.

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

Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission to our (my) child to ride with any adult in whose care the minor has been entrusted.

Father's name _____

Mother's Name _____

Legal Guardian _____

Hospital Insurance? Yes No

Insurance Company _____ Policy Number _____

Signature of Guardian _____ Date _____

Please list any allergies or special medical problems your child has _____
