

MEDICAL RELEASE FORM

**All youth under age 18 must have a parent/
guardian signature:**

Name _____

Age _____ Birth date ____/____/____

Address (P.O. Box, Street, City, State, ZIP)

Parents'
Names _____

Parents' day phone(____)

Email: _____

Emergency Contact:

MEDICAL FORM

Name _____

Daytime phone (____) _____

Medical insurance carrier

Group# _____

Name of insured/
parent _____ ID# _____

Date of last tetanus immunization: _____

Is youth presently taking any medication? Y N

If Yes, explain _____

INSURANCE CARD A copy of the front and back of
the participant's valid health insurance card must be
sent with this registration.

PARENT/GUARDIAN AUTHORIZATION—SIGNATURE

REQUIRED. In the event FreeLife Church (FLC) Youth
leaders are unable to reach me in an emergency, I
hereby give permission to the physician selected by
the FLC Youth leaders to hospitalize, secure proper
treatment for and to order injection, anesthesia or
surgery for the participant named above. I hereby
release FLC and its Youth leaders from any legal or
financial obligation due to any injury of the participant
or to the procurement of medical treatment for such
injury.

Signature _____

Relationship _____ Date _____

Print name _____

Special Needs or Concerns: (please write on
back of form)