

MOUNTAIN VIEW EVANGELICAL FREE CHURCH YOUTH MINISTRIES

Medical Release Form

Name _____

Birthdate ____ / ____ / ____

Address _____

City _____

ZIP _____

Phone _____

In Case of Emergency Notify:

Name/Relationship _____ Phone _____

Name/Relationship _____ Phone _____

Doctor _____ City _____ Phone _____

Health History

Known chronic illnesses _____

Date of last tetanus shot _____

Name and dosage of any medications taken regularly: _____

Allergies/Dietary Restrictions _____

Any activity restrictions? Yes No

If yes, what restrictions? _____



Insurance Information

If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your son/daughter is on a church-related activity.

Do you have health insurance? Yes No

Name of Health Insurance Company: _____

Policy Number: _____

Address: _____

In the event that I cannot be reached in an emergency during the dates specified on this form, I hereby give my consent for medical and surgical treatment of this minor in a licensed hospital, medical, or dental facility by a licensed physician should his/her condition so require it in my absence. I understand that in such a case reasonable attempts would first be made to contact me, conditions and time permitting. As long as medical or surgical treatment considered necessary in the situation is in accordance with generally accepted standards of medical practice for the particular type of injury or illness involved, I impose no specific limitations or prohibitions regarding treatment other than those that follow:

Activity Release

Every activity planned by the Mountain View Evangelical Free Church Youth Ministries Department is carefully planned and supervised by adults. However, even with extensive planning and precaution, unforeseen events can occur. By signing this form, the parent or guardian gives permission for their student to participate in Mountain View church-related student activities. The parent or guardian also agrees to allow the youth pastor, or another adult sponsor of a student activity to obtain emergency medical care for their student, with the limitations listed above. The parents and guardians understand that they are signing for the minor listed on this form and the signature is for both a medical and activity release. They also agree, if necessary, that they will pay all of the expenses related to their student being sent home because of disciplinary action, including their accompanying of a student on an airline if necessary.

Both parent/guardian signatures required

Signature of Father or Guardian _____

Signature of Mother or Guardian _____

Signature of Witness _____

Valid from January 1, 2023 through December 31, 2023