

Medical Release Form

Name _____

Address _____

City/State/Zip _____

Birth Date _____ / _____ / _____ Age _____

Parent/Guardian Name _____

Address _____

City/State/Zip _____

Daytime Phone (____) _____ Cell Phone (____) _____

Emergency Medical Authorization

In the event of an emergency, I hereby give permission to the church-appointed sponsor who is with my child to obtain medical assistance for my child. I also give permission to the physician to hospitalize and/or secure proper treatment for my child.

Parent/Guardian signature _____

Insurance Company _____

Policy Number _____

If I cannot be reached, please notify _____

Daytime Phone (____) _____ Cell Phone (____) _____

Today's Date _____

Photographs of the children may be taken during this event. These photographs may be used for church promotional purposes, including our church website. If you do not wish your child(ren) to be photographed during this event, please sign below:

_____.



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