

**Medical Release**

**University Heights Baptist Church, 1010 S. National, Springfield, MO 65804 – (417) 862-0789**

This is a legal document, and for everyone’s safety it needs to be treated as such. Therefore, we would appreciate it if you would fill out the information requested and have this form notarized. **Your signature needs to be witnessed and stamped by a Notary for this document to be legally binding and for your child to receive medical treatment if you cannot be reached.**

According to our church policy, “All passengers who are minors must turn in a notarized medical release and legal release forms to the organization planning the trip in order to go on the trip.” One copy will be with the group leader on all trips and a copy will be filed in the office. This medical release form is valid from January 1, 2008 to January 1, 2009.

This form is valid for any church sponsored activities for the above stated year until the parent/guardian or the church discredits its authorization. The party discrediting its validation is responsible for notifying the other immediately. The parent/guardian is also responsible for updating the information when changes occur.

Name \_\_\_\_\_ Sex: F M Date of Birth \_\_\_\_\_

Grade \_\_\_\_\_ Parent or Legal Guardian \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Business Phone ( ) \_\_\_\_\_

**IF NOT AVAILABLE IN AN EMERGENCY NOTIFY:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone ( ) \_\_\_\_\_

I \_\_\_\_\_, having legal custody of \_\_\_\_\_  
(Name of Parent/Guardian) (Name of Minor)

who resides with me at the above address, am entrusting the care of him/her to the adults responsible for the program sponsored by the church. I do hereby release all sponsors and University Heights Baptist Church, Springfield, MO, from any and all claims arising out of any damage or injury while participating in church sponsored events. Nothing in this document shall be construed to prevent recovery from any insurance company for any insured loss under the terms of any insurance policy up to the limits of the policy.

**OVER THE COUNTER RELEASE:**

My Child \_\_\_\_\_’s Sponsor is here by given permission to administer over the counter medication and the medications listed below to my child for the duration of this release. I have listed below any regular medication my child takes and any medical allergies my child has. I have also listed any exceptions to this release.

**REGULAR MEDICATIONS TO BE GIVEN WHILE AT CAMP:**

**MEDICAL ALLERGIES OR CONDITIONS MY CHILD HAS:**

**EXCEPTIONS TO THE RELEASE—DO NOT GIVE MY CHILD THE FOLLOWING MEDICATIONS:**

-----Do Not Write Below This Line – Fill out Information on the Back Of This Form-----  
**Authorization for Emergency Care**

I hereby give permission to a physician selected by the personnel entrusted with the care of my child to order x-rays, routine tests and treatment for the health of my child, and in the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the personnel entrusted with the care of my child to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above.

\_\_\_\_\_  
(Parent/Legal Guardian Signature)

\_\_\_\_\_  
(Date)

**Notary Public**

On this \_\_\_\_\_ day of \_\_\_\_\_, 2008, before me appeared \_\_\_\_\_ known to me to be the person who executed the above Medical Release Form and acknowledged to me that he/she executed the same for the purpose therein stated.

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_

**Medical Information for** \_\_\_\_\_

**[name of camper]**

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company name \_\_\_\_\_

Policy # \_\_\_\_\_

Local Hospital Preference \_\_\_\_\_

Immunizations:  Tetanus  Polio Booster  Measles  Mumps Date of Last Immunizations \_\_\_\_\_

List All Other Immunizations and dates.

Check all that apply:  Asthma  Sinusitis  Bronchitis  Kidney Trouble  Heart Trouble  Diabetes  
 Dizziness  Stomach Upset  Hay Fever

List Medications being used:

**Allergies**

Penicillin or Other Medications [list]

Foods

Insect Bites/Sting

Previous Operations or serious illnesses

Special

Childhood Diseases

Chickenpox  Measles  Mumps  Whooping Cough  Other [list]

List any special concerns we should be aware of.