Lewinsville Presbyterian Church Parent Medical Release Form

(This form should be completed annually.)

Child's name:	DOB:	Grade:
Address:		
Home phone:	Cell phone:	
Mother's name:	Father's name:	
Physician's name:	Phone:	
Insurance carrier:	Policy or ID number:	
Insurance company phone (for treatm	nent approvals):	
Medications currently taken:		
Allergies:		
medical, surgical, or dental diag child. Further, I understand that In the event I cannot be reached make the decisions necessary for give permission to the attending doctors, dentists, and other prove precautions during their care. Further, as parent or legal guard child and agree that my insurance hospital care or treatment that is	an of above child, I do consent to any x- gnosis or treatment that may be deemed a t all efforts will be made to contact me p in an emergency, I give permission to to or treatment. Should there be no activity g physician to treat my child. I further unders attending to my child will take all lian I am responsible for the health care ce plan is the primary plan to pay for the given to my child. Any policy of the ce ent will be used as the secondary covera	necessary for my orior to treatment. The activity leader to releader available, I inderstand that the reasonable safety decisions for my dedental, medical, or hurch or
Signature of parent/guardian:		Date: