Centennial
EVANGELICAL FREE CHURCH

Student Medical Release

(for student participants, under 18 yrs of age)

Name of Student:_____**Date of Birth:**_____

Address:_____

_____**Home phone #:**_____

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical attention. I wish to be advised prior to any further treatment by the doctor and hospital. If you are unable to reach me, contact:

Emergency contact _____Phone # _____

Relation to participant _____

If you are unable to reach parent/guardian or the emergency contact person, I hereby grant permission for the doctor and hospital to exercise professional judgment in treating participant.

Medical / Hospital Insurance Carrier _____

Name of Policy Holder _____ Relation to participant _____

Policy Number _____Group Number _____

Signature of Parent / Guardian _____Date _____

Father/Guardian's full name:_____

Home address:_____

_____

Home Phone #: _____ **Work or Cell Phone #:** _____

Both pages must be signed by Parent/Guardian

14854 Lake Drive . Forest Lake, MN 55025
Phone: 651-464-8790 Web: www.cefc.net

Mother/Guardian's full name:_____

Home address:_____

_____

Home Phone #: _____ **Work or Cell Phone #:** _____

Medications: My child is taking the following medication(s):

Description _____Dosage _____

Description _____Dosage _____

(EITHER A PHYSICIAN'S PRESCRIPTION OR PARENT NOTE MUST ACCOMPANY ALL MEDICATIONS. PRESCRIPTION / NOTE SHOULD BE ATTACHED TO THIS FORM.)

I hereby grant permission for non-prescription medications to be given, if deemed appropriate.

_____Yes _____No

Drug allergies

_____

Other allergies / reactions (food, plants, insects, etc.)

_____

List any other health problems / limitations that we need to be aware of

_____

Signature of Parent / Guardian _____Date _____

Both pages must be signed by Parent/Guardian