

Medical Release Form For Children's Network

Please fill out the form below **carefully** and **completely**

I (we) *parent's names*

Residing at (address)

AUTHORIZE *Hope Alive Freedom Church* TO SIGN CONSENT FOR MEDICAL TREATMENT FOR OUR MINOR CHILD (in case of absence of parents)

Parent's Phone Numbers:

Home: _____ Work: _____ Cell: _____

E-Mail: _____

Please print clearly

INFORMATION ON MINOR CHILD: (one form for each child please)

Name: _____ Birth date: _____

Allergies: _____

Known Medical Problems: (please list and explain if needed):

List Medications Taken Now: _____

Describe in physical or mental disorders this child may have: _____

Year of last Tetanus shot: _____ Child's Social Security #: _____

Name of Family Doctor: _____ Phone: _____

Name of Family Dentist: _____ Phone: _____

Medical Insurance Carrier: _____

Identification Number of Insurance: (mom/dad) _____

Parents' Place of Employment: _____

Parent's Signature X _____

PLEASE FILL OUT WAIVER AND RELEASE ON THE BACK