



# Medical Release Form



Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ School Grade \_\_\_\_\_

Parent/Guardian Name _____
Address _____ (if different from above)
City/State/Zip _____
Home phone _____ Cell phone _____
Employed by _____ Work phone _____

Are you currently taking medicine or receiving treatment?  Yes  No  
If yes, explain \_\_\_\_\_

Have you been restricted from sports or swimming for any reason?  Yes  No  
If yes, explain \_\_\_\_\_

Date of last Tetanus Immunization: Month \_\_\_\_\_ Year \_\_\_\_\_

Have you ever had a severe reaction to a bee/hornet sting or insect bite?  Yes  No  
If yes, explain \_\_\_\_\_

Are you allergic to any medication or food?  Yes  No

Please list: \_\_\_\_\_

## EMERGENCY MEDICAL AUTHORIZATION

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

Parent/Guardian Signature: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Phone number \_\_\_\_\_

Policy Number: \_\_\_\_\_

If I cannot be reached, please notify: \_\_\_\_\_

Centerpoint Church Student Ministries  
Phone: 909-825-3670

170 W "F" St, Colton, CA 92324  
Fax: 909-825-9931