

Alliance Youth 2020
Medical Release Form – Page 1 of 2

STUDENT INFORMATION

Student Name _____ Birth Date _____ Grade _____

Home Address _____

Home Phone _____ Mobile Phone _____

MEDICAL INFORMATION

The staff and volunteers will make every effort to provide safe conditions with adequate adult supervision. We are committed to providing a safe event in every way and in the spiritual, physical, and mental development of your student. To help us do so, please complete the following information.

Conditions

Please list any allergies or conditions that may be relevant to a physician in the event of an emergency (including previous injuries).

Medications

Please list all prescription and OTC medication (including dosage) being taken by this student:

Limitations

Are there any medical concerns or limitations that our group leaders should be aware of? Please explain.

Medical Insurance Provider

Company Name _____

Name of Policy Holder _____

Policy Number _____

Group Number _____

Date of student's last tetanus shot

The student named on this form is not covered by a health insurance policy.

EMERGENCY CONTACT

In the event that the parent(s) / legal guardian(s) listed below cannot be reached, the following person is authorized to make medical decisions on behalf of the student named on this form.

Name _____ Relationship to Student _____

Home Address _____ Home Phone _____

Home Phone _____ Work Phone _____ Mobile Phone _____

Alliance Youth 2020
Medical Release Form – Page 2 of 2

AUTHORIZATION TO PROVIDE MEDICAL CARE

In the event that (1) neither a parent/legal guardian nor the Emergency Contact identified above can be reached; or (2) immediate medical attention is necessary, I/we consent to have the Alliance Youth staff and volunteers act on my/our behalf and I/we hereby grant permission for emergency treatment to be administered until a parent/legal guardian or the Emergency Contact identified above can be reached. I/we agree to not hold Alliance Youth, or its staff/leaders, liable for decisions or any emergency medical treatment made under this authorization, for any accident or loss to the student however caused. My/our signature(s) indicates that I/we have read, and do agree to the conditions listed above, and that I/we have included any necessary information regarding the student named on this form.

Parent / Legal Guardian 1

Parent / Legal Guardian 2

Signature _____

Signature _____

Print Name _____

Print Name _____

Date _____

Date _____

Relationship to Student _____

Relationship to Student _____

Home Phone _____

Home Phone _____

Work Phone _____

Work Phone _____

Mobile Phone _____

Mobile Phone _____

PLEASE READ AND INITIAL EACH OF THE FOLLOWING
(Parent's and Legal Guardians only)

_____ I/we hereby certify that the student named on this form has my/our permission to participate in _____
all Alliance Youth activities for 2020

_____ I/we hereby certify that the student named on this form is in good health and fully able to _____
participate in all Alliance Youth for 2020

_____ I/we agree that I/we will update the church office if there are any changes in emergency _____
contact(s) or medical conditions

