



MURRYSVILLE ALLIANCE CHURCH

Medical Release Form

Name: _____

Birthdate: _____

Name of Parent/Guardian: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

In Emergency, contact: _____

Phone: _____ **Pager/Cell Phone:** _____

Name of Doctor: _____ **Phone:** _____

Name of Dentist: _____ **Phone:** _____

HEALTH HISTORY

Allergies:

- Insect Stings
- Drugs
- Other

Other Conditions:

- Heart condition
- Chronic asthma
- Hay fever
- Diabetes
- Other: _____
- Frequent colds
- Frequent upset stomach
- Epilepsy
- Physical handicap

If you checked any of the above, please give details (i.e. include normal treatment of allergic reactions): _____

Date of last tetanus shot: _____

Name and dosage of any medications: _____

Any swimming restrictions?	Yes	No
Any activity restrictions?	Yes	No

If yes, please specify restrictions: _____

Our church's insurance is only secondary insurance. If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your son or daughter is on a church-related activity.

Do you have health insurance? Yes No

If yes, please fill out the following:

Name of the insured: _____

Name of Insurance: _____

Policy Number: _____

Address of insurance company: _____

Phone Number of insurance company: _____

Do you have a prescription plan? Yes No

If yes, name of pharmacy: _____

Phone number of pharmacy: _____

"In the event that I cannot be reached in an emergency during the dates specified on this form, I hereby give my permission to the physician or dentist selected by the church leadership to hospitalize, to secure proper treatment, and/or administer an injection, anesthesia, or surgery for my son or daughter as deemed necessary."

Signature of Parent or Guardian: _____

Date: _____

THIS FORM VALID FROM January 1, 2021 until December 31 , 2021