MURRYSVILLE ALLIANCE CHURCH

**LIFE 2022**

**OUTH**

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 ( ) Frequent colds**

**( )Chronic asthma ( ) Frequent upset stomach**

**( ) Hay fever ( ) Epilepsy**

**( ) Diabetes ( ) Physical handicap**

**( ) Other:**

**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 November 1, 2021 until October 31, 2022**