

## MURRYSVILLE ALLIANCE CHURCH

## **Medical Release Form**

Name:	
Birthdate:	
Name of Parent/Guardian:	
Address:	
City: State	e: 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:	<ul><li>( ) Frequent colds</li><li>( ) Frequent upset stomach</li><li>( ) Epilepsy</li><li>( ) Physical handicap</li></ul>
	give details (i.e. include normal treatment of
Date of last tetanus shot:	
Name and dosage of any medications:	
Any swimming restrictions? Yes Any activity restrictions? Yes	
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? If yes, please fill out the following:	Yes	No
Name of the insured:		
Name of Insurance:		
Policy Number:		
Address of insurance company:		
Phone Number of insurance company: _		
Do you have a prescription plan? If yes, name of pharmacy:		
Phone number of pharmacy:		
"In the event that I cannot be reached in form, I hereby give my permission to the leadership to hospitalize, to secure prope anesthesia, or surgery for my son or daug	physici r treatn	ian or dentist selected by the church nent, and/or administer an injection,
Signature of Parent or Guardian:		
Date:		

THIS FORM VALID FROM January 1, 2022 until December 31, 2022