MEDICAL RELEASE FORM FOR
WESLEY UNITED METHODIST CHURCH, BRYAN, OH

Child's Name:_____ Birthdate:_____ Age:_____ Grade:_____

Mailing Address:_____

Street Address (if different):_____

Parent or Guardian Name(s):_____

Address (if different from child's):_____

Home Phone:_____ Work Phone:_____ Cell Phone:_____

Email Address: _____

PURPOSE: To enable parents or guardians to authorize the provision of any emergency treatment necessary for children who become ill or injured while under our authority, when parents or guardians cannot be reached. We will make every effort to contact you or other persons whose names you give as contacts before going any further.

PERMISSION GRANTING MY CONSENT:

In the event that reasonable attempts to contact the following have been unsuccessful.

Parent/Guardian; Name/Relationship:_____ Preferred Ph:_____

Nearest Relative:_____ Preferred Ph:_____

I hereby give my CONSENT for Administration of Treatment deemed necessary by:

Family Physician:_____ Phone:_____

Family Dentist:_____Phone:_____

In the event that my designated physician or dentist is not available, I hereby give my consent for treatment by any licensed physician or dentist. YES_____ NO_____

I give consent to allow my child to be transferred by Emergency Medical Services to the following:

Hospital First Choice:_____ Second Choice:_____

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring for the necessity of surgery, are obtained prior to the performance of such surgery.

Food Allergies:_____

Facts concerning my child's medical history, including allergies, current medications, and any physical impairments to which the physician should be alerted:_____

_____

_____

I agree to revise the information as it may change between August 20, 2014, and August 20, 2015, so that the above reflects the current health status of my child at any given time. Medical Release Forms currently on file may be reviewed at any time and updated as needed.

SIGNATURE of Parent/Guardian:_____ Date:_____