Merlin Community Church

2011 Multi-Purpose

Parent Permission - Medical Release Form

Name:____ Age_______ Grade_________

Date of Birth:____________________________ Telephone Number:______________________

Address: ____

Street City State Zip

(I) (We), the undersigned, parent(s) of ____, a minor, do hereby authorize Merlin Community Baptist Church Youth Ministry leaders as agent(s) for the undersigned, to consent to any X-ray examinations, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under, the general or special supervision of any physician and surgeon licensed under the provision of the Medicine Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

I also give my permission for my Child to be transported to and from camp(s) and other church-sponsored activities in a church vehicle or a vehicle in use with the Church activities. I realize that church insurance begins where the individual's health and accident insurance policy terminates. It is only valid when other insurance has been extended to its limits.

This authorization shall remain effective through December 31, 2011 unless revoked in writing to said agent(s).

____

(Signature of father or Legal Guardian) Date

____

(Signature of mother or legal guardian) Date

Doctor____

Name City Telephone #

Medication____

(Indicate any medication taken on a regular basis)

Insurance Carrier________________________________ Policy No.____________________________

Group No.____

Allergies to any medicine or foods____

Parent Work Name:____

Parent Work Phone Number:____

Parent(s) Cell Phone Numbers:____

Neighbor or nearby relative____

(Name) (Phone #)

PLEASE LIST IMPORTANT MEDICAL INFORMATION OR INSTRUCTIONS ON THE REVERSE SIDE