



**Medical Release Form:**

Name \_\_\_\_\_ Dob \_\_\_\_\_ Sex \_\_\_\_\_

Full  
Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ School \_\_\_\_\_

“I hereby release All E.C. Churches of Pitman, PA, from responsibility and liability for any injury and illness that my child may sustain during any Pitman E.C. Youth Fellowship activity and while traveling to and from Pitman E.C. Youth Fellowship activities. I assume the risk and responsibility for any injury or liability resulting from my child’s participation, including an athletic activity. If a parent or guardian cannot be contacted/located before emergency treatment can be given, I hereby authorize an adult leader of this activity as agent for me, to consent to any X-ray examination; medical, dental or surgical diagnosis; treatment; anesthesia and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, whether at a doctor’s office or in any hospital. I expect to be contacted immediately or as soon as possible.

Is your son/daughter on any medication now? Yes \_\_\_\_\_ No \_\_\_\_\_; If yes, what medication: \_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Family Doctor’s Name & Phone #: \_\_\_\_\_

Hospital of Preference, if local: \_\_\_\_\_

1<sup>st</sup> contact: \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

2<sup>nd</sup> contact: \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Important \*\* A copy of the front & back of insurance card must accompany this form.