

Brady Lane Church MEDICAL RELEASE FORM

This form is to be completed by the child's parent/legal guardian.

Student's Name _____ Birth date _____ Sex _____

Complete Home Address _____

Student lives with _____ (father, mother, grandparent, etc.)

Name of the person _____

Home Phone _____ Work Phone _____

Cell Phone _____ Employer _____

Relative's name that could grant medical permission _____

Home Phone _____ Work Phone _____

Cell Phone _____

I hereby authorize any representative of Brady Lane Church of Christ to grant permission for medical care for my child, _____ (name).

Parent/Legal Guardian's signature _____ Date _____

CONSENT HAS BEEN LEFT WITH THE ADULT INTO WHOSE CARE THE CHILD IS ENTRUSTED. (It is understood that an exhaustive effort will be made to contact the parent or legal guardian of the child before treatment is given.)

Student's Doctor _____ Phone _____

Medical Insurance & Policy # _____

Student's Dentist _____ Phone _____

Dental Insurance & Policy # _____

Father's Date of Birth _____ Mother's Date of Birth _____

My child has the following allergies or other special medical conditions. _____

My child is taking the following medications. _____

Attaching a copy of your insurance card may be helpful (front and back).