

SHEBOYGAN EVANGELICAL FREE CHURCH
BLANKET MEDICAL RELEASE

The purpose of the medical release is in case of any minor mishap, so that the individual can be given immediate medical attention rather than having to track down the parent for permission. Attempts will be made to call the parents should hospitalization or medical treatment be required.

Name of Student: _____

Parents/Guardians Name(s): _____

Address _____

City _____ State _____ Zip _____

Phone: Home/Cell _____ Work _____

Birth date of Child: _____ Grade: _____

Current Prescription Medication: _____

Allergic to Medication: Yes No If yes, please explain _____

Date of last tetanus shot: _____

Insurance Company: _____ Member Name: _____

Member ID: _____ Group #: _____

Name of Doctor: _____ Phone: _____

Name of Dentist: _____ Phone: _____

I/We give permission for any medical treatment deemed necessary while said child is under the care of the Sheboygan Evangelical Free Church and its representatives as a participant.

If participant is under 18 years of age, please have parents complete the following, or sign it yourself if you are 18 or older.

Signature _____ Date _____

Relationship _____