



NEW LIFE
COMMUNITY CHURCH

MEDICAL RELEASE FORM

Must be filled out for any minor under 18 years old that is participating in an event sponsored by New Life Community Church that is out of town and without at least one parent/guardian present.

I grant permission, as the parent/guardian, for the following minor(s) to attend the event listed below without me being present.

Name of minor(s): _____

EVENT NAME: (Event)
EVENT DATE: (Date)
EVENT LOCATION: (Location)

If it is not possible to contact me in the case that my child becomes ill or sustains an injury while participating in the above event, I hereby give my consent to those in charge of the event to seek any medical treatment as deemed necessary by any duly licensed physician/practitioner, required for the relief of pain and/or to preserve his/her life and health. I herewith authorize the emergency medical /surgical treatment of my child at said physician's office, of a licensed medical hospital or facility. Below is my contact information.

Name of Parent/Guardian: _____

Cell Phone: _____

Home Phone: _____

Work Phone: _____

Email: _____

Known Conditions or Allergies: _____

Parent/Guardian Signature

Date

Insurance/Health Care Company

Policy Number