

2005 Emergency Medical Release

Full Name: _____ Date of Birth: _____

Address: _____

Parent or Guardian _____ Home Phone: _____

Mobile Phone: _____ Work Phone: _____

Insurance Co. _____ Employer: _____

Policy# _____ Group # _____

Doctor: _____ Phone # _____

Any Medical Conditions: _____

Allergies to medications: (i.e. penicillin) _____

Other Allergies: (i.e. peanuts) _____

Current Medications: _____

Please check medications permitted to be given to _____ (child's name)

Allergy Medicines	yes / no	Ibuprofen	yes / no
Hydrocortisone cream	yes / no	Antacid (ex. Tums)	yes / no
Cough Syrup	yes / no	Throat/cough lozenge	yes / no
Tylenol	yes / no	Aleve	yes / no
Benadryl	yes / no	None of the above	yes / no

Alternate Emergency Contacts

Emergency Contact: _____ Home Phone: _____

Mobile Phone: _____ Work Phone: _____

Emergency Contact: _____ Home Phone: _____

Mobile Phone: _____ Work Phone: _____

I, who, by law may do so, authorize the administration of emergency medical treatment to the above person who is the subject of this form. I understand that all reasonable safety precautions will be taken at all times by the East Cobb Church of Christ and any of its agents, and I do not hold the church or its agents liable in case of accident, injury, or disease. No lawsuit will be brought against the Church for any reason. I do authorize the church and its agents to make decisions on emergency treatment where I cannot be reached. I understand that in the event medical intervention is needed, every attempt will be made to contact the person(s) above immediately.

Name of Parent or Guardian (please print): _____

Signature: _____ Date: _____

Must be a parent if person is under 18