

Wintergreen
June 2015 - May 2016
Medical Release Form

In the event I cannot be reached in an emergency during the activity dates shown on this form, I hereby give my permission to the physician or dentist selected by the active youth leader to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that my insurance coverage for my child will be used as primary coverage in the event that medical intervention is needed.

I understand that all reasonable safety precautions will be taken by Wintergreen OFWB Church during the events and activities. I understand the possibilities of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Wintergreen OFWB Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Parent/Guardian Signature _____

Date _____

Signature of Student (if over 18 years old)

Name of Student _____

Parent/Guardian Name _____

Home Number & Cell _____

Emergency Contact if parents cannot be reached

Name & Number _____

Home Address _____

Do you have health Insurance? Yes ____ No ____

Name of Insurance Company _____

Policy # _____ Group # _____

In whose name is the insurance? _____

Any Allergies to food or medication - _____

Any medication being taken on a regular basis? _____