



NTBC CHILDREN'S MINISTRY

2017 Medical Release Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Date of Birth: _____ Current Grade: _____

Emergency Contact Information

Parent/Guardian: _____ Phone #: _____

Parent/Guardian: _____ Phone #: _____

Relative/Friend: _____ Phone #: _____

Insurance Company: _____

Claims Mailed to: _____

Policy #: _____ Group#: _____

Family Physician: _____ Office Phone #: _____

Medical History

(Circle all that apply)

Asthma Sinusitis Bronchitis Kidney Trouble Heart Trouble Diabetes

Allergies: Food: _____

Drugs (list by name): _____

Insect Stings/Bites: _____

Previous Operations or Serious Injuries: _____

Any Current Medications (list): _____

Emergency Authorization

I hereby give permission to the medical personnel selected by the NTBC Staff, or the bearer of this document, to obtain necessary medical attention, X-rays, routine tests, and treatment in case of sickness, or injury to the listed individual on this form from 1/1/17-12/31/17. In the event I cannot be reached in an emergency, I hereby give consent to the physician selected by the NTBC Staff or the bearer of this document to hospitalize, to secure proper treatment for, and to order injections and/or anesthesia and/or surgery for the listed individual on this form. I agree that a photocopy of this consent form may be used by any health provider as evidence of my consent.

Signature of Parent/Guardian

Date