

Medical Release Form

Student's Name: _____

Parent(s) Name: _____

Address: _____

Home Phone: _____ Cell/Work Phone: _____

Emergency Contact Person: _____

Emergency Phone Number: (_____) _____

Health Insurance Provider: _____

Group Number: _____ Policy Number: _____

- Does your child have any allergies to medications? If yes please list them: _____

- Does your child have any special health issues such as asthma, allergies, etc? If yes please list them and list any special medications he or she may be on as a result: _____

I consent to emergency medical treatment in the unlikely event of an accident during my student's involvement with the Lockport Alliance Church youth group. I also release Lockport Alliance Church from liability resulting from any accident.

Parent Signature: _____ Date : _____