

Medical Release/Permission Form (2017)

Participant's Name: _____ Date of Birth: ___/___/___

Address: _____ City: _____ Zip: _____

Phone: (____) ____-____ Cell: (____) ____-____

Emergency Contact: _____ Relationship: _____

Emergency Contact Phone: (____) ____-____ Cell or alternate: (____) ____-____

Please fill out the following questions about the participant's medical history to the best of your knowledge. It is important that Resurrection Ministries Staff has this information to understand the limitations of the individual. ***I understand that it is my responsibility to inform Resurrection of any changes of status for the items on this form.***

List any.....

.....medication the participant is currently on. (Prescribed or otherwise)

.....allergic reactions the participant might have.

.....history of heart or respiratory problems.

.....history of epileptic seizures. How often? _____

Medication used if any: _____

.....history of headaches, dizziness or fainting.

.....current injury that might limit participation in physical activities.

Please list any other information that our staff should be aware of for emergency situations, any medical information, or mental conditions that has not been already stated that could effect participation.

I have filled out this medical release form/permission form to the best of my knowledge and hereby authorize the Resurrection Staff and/or it's representatives to authorize medical attention for my son/ daughter including, but not limited to x-rays, injection, anesthesia, or surgery, in the event of an emergency. *I understand that this release/permission form is valid by my signature for all the events for which my child registers for the entire following time period: January, 2017 – December 2017.* Each participant is responsible for any medical expense and should be covered by their own sickness and accident insurance.

Name of Insurance Company: _____ Policy #: _____

Parent or Guardian's Signature: _____ Date: _____