

Change in Motion 2/27-28 Medical Release Form

Student's Name: _____

Home #: _____ Birthday: _____ Grade: _____

Name of Parents/legal guardians: _____

Cell # of parents: _____

Person to notify in the event you cannot be reached:

Name: _____

Relationship: _____


Phone #: _____

Health Insurance Company: _____

Policy #: _____

List of known allergies to medications: _____

Medications currently taking: _____

(Turn over) 

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Medical Release & Authorization Form
For Change in Motion on: Feb. 27-28, 2009

To whom it may concern,

I, the undersigned parent of

_____ grade _____,
understand that my child is responsible for knowing all the rules and regulations made by Parkcrest Christian Church and its affiliations for this particular event.

It is expressly understood by the parents or guardians that the child for whom this registration is made is in a condition of health that warrants his or her participation in these events, and the adult leaders of these activities are hereby granted permission to take the named youth to a medical doctor for examination and treatment of any accident or illness that may arise during the term of said activity.

In consideration of this acceptance for said activities, said church, its agents & employees are hereby released and relieved from all liability for accident & injury to said youth arising from any & all activities of these events. Parental Signature on the X, below:

X _____ Date: _____

Does your child have any food allergies? _____

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