# FRBC VBS 2017 MEDICAL RELEASE FORM

**CHILD 1**

Being the parent or legal guardian of _____, I, _____ do
MINOR'S NAME (PRINTED) PARENT/GUARDIAN'S NAME (PRINTED)
consent to any x-ray, anesthetic, medical, surgical, or dental diagnosis or treatment that may be deemed necessary for my minor child. I understand that **all efforts will be made to contact me prior to treatment.** In the event I cannot be reached when there has been an injury, I give permission to the activity leader to administer first aid or secure medical treatment and/or hospitalization for my child as deemed necessary. I give permission to the attending physician to treat my minor child. I further understand that the doctors, dentists, and other providers attending to my child will take all reasonable safety precautions during their care. As parent or legal guardian, I am responsible for the health care decisions for my minor child and agree that my insurance plan is the primary plan to pay for the dental, medical, or hospital care or treatment that is given to my child. Any policy of the church or organization sponsoring this event will be used as the secondary coverage.

_____ _____ _____
PARENT/GUARDIAN'S SIGNATURE TODAY'S DATE MINOR'S DATE OF BIRTH

Doctor's Name/Number _____

Please list any allergies or other important information medical information about your child:

_____

_____

_____

**CHILD 2**

Being the parent or legal guardian of _____, I, _____ do
MINOR'S NAME (PRINTED) PARENT/GUARDIAN'S NAME (PRINTED)
consent to any x-ray, anesthetic, medical, surgical, or dental diagnosis or treatment that may be deemed necessary for my minor child. I understand that **all efforts will be made to contact me prior to treatment.** In the event I cannot be reached when there has been an injury, I give permission to the activity leader to administer first aid or secure medical treatment and/or hospitalization for my child as deemed necessary. I give permission to the attending physician to treat my minor child. I further understand that the doctors, dentists, and other providers attending to my child will take all reasonable safety precautions during their care. As parent or legal guardian, I am responsible for the health care decisions for my minor child and agree that my insurance plan is the primary plan to pay for the dental, medical, or hospital care or treatment that is given to my child. Any policy of the church or organization sponsoring this event will be used as the secondary coverage.

_____ _____ _____
PARENT/GUARDIAN'S SIGNATURE TODAY'S DATE MINOR'S DATE OF BIRTH

Doctor's Name/Number _____

Please list any allergies or other important information medical information about your child:

_____

_____

_____

**CHILD 3**

Being the parent or legal guardian of _____, I, _____ do
MINOR'S NAME (PRINTED) PARENT/GUARDIAN'S NAME (PRINTED)
consent to any x-ray, anesthetic, medical, surgical, or dental diagnosis or treatment that may be deemed necessary for my minor child. I understand that **all efforts will be made to contact me prior to treatment.** In the event I cannot be reached when there has been an injury, I give permission to the activity leader to administer first aid or secure medical treatment and/or hospitalization for my child as deemed necessary. I give permission to the attending physician to treat my minor child. I further understand that the doctors, dentists, and other providers attending to my child will take all reasonable safety precautions during their care. As parent or legal guardian, I am responsible for the health care decisions for my minor child and agree that my insurance plan is the primary plan to pay for the dental, medical, or hospital care or treatment that is given to my child. Any policy of the church or organization sponsoring this event will be used as the secondary coverage.

_____ _____ _____
PARENT/GUARDIAN'S SIGNATURE TODAY'S DATE MINOR'S DATE OF BIRTH

Doctor's Name/Number _____

Please list any allergies or other important information medical information about your child:

_____
_____
_____

**CHILD 4**

Being the parent or legal guardian of _____, I, _____ do
MINOR'S NAME (PRINTED) PARENT/GUARDIAN'S NAME (PRINTED)
consent to any x-ray, anesthetic, medical, surgical, or dental diagnosis or treatment that may be deemed necessary for my minor child. I understand that **all efforts will be made to contact me prior to treatment.** In the event I cannot be reached when there has been an injury, I give permission to the activity leader to administer first aid or secure medical treatment and/or hospitalization for my child as deemed necessary. I give permission to the attending physician to treat my minor child. I further understand that the doctors, dentists, and other providers attending to my child will take all reasonable safety precautions during their care. As parent or legal guardian, I am responsible for the health care decisions for my minor child and agree that my insurance plan is the primary plan to pay for the dental, medical, or hospital care or treatment that is given to my child. Any policy of the church or organization sponsoring this event will be used as the secondary coverage.

_____ _____ _____
PARENT/GUARDIAN'S SIGNATURE TODAY'S DATE MINOR'S DATE OF BIRTH

Doctor's Name/Number _____

Please list any allergies or other important information medical information about your child:

_____
_____
_____