Child/Youth Medical Authorization Release Form

Student Name:_____

Address:_____

City:_____ State:_____ Zip Code:_____

Date of Birth:_____

Parent/Guardian Name(s):_____

_____

Parent/Guardian Phone 1:_____

Parent/Guardian Phone 2:_____

Parent/Guardian Email:_____

Family Insurance Company: _____

Policy #:_____

Allergies: (Food/Medicine)_____

_____

Current Medications _____

Other relevant medical history _____

Are you a member of IndyFirst? _____ If no, where do you attend? _____

MEDICAL AUTHORIZATION

My permission is granted for IndyFirst Church staff to obtain and/or authorize medical attention for myself/my child in case of sickness or injury and to do all things for and in my/our name with full authority to sign all papers or documents.

RELEASE

I/we, undersigned, do hereby release, remiss and forever discharge IndyFirst Church, and its staff and sponsors for any and all claims, demands, actions or cause of action, past, present or future arising from any damage or injury while participating in and being transported from all children/youth events.

I/We certify that the above information is correct to the best of my knowledge.

The undersigned further states that this release and authorization has been carefully read by the undersigned.

Signed:_____ **Dated:**_____

(do not sign except in presence of Notary)

Signature of Notary Public:_____

My Commission Expires_____

Dated:_____**Seal of Notary**