

MEDICAL RELEASE FORM

Name: _____ Ph #: _____

Address: _____

Parent(s) or Guardian(s): _____

Address (if different from above): _____

Home Phone #: _____ Work Ph #: _____

Cell Phone #: _____ Additional Ph #: _____

Emergency Contact (if parent or guardian is not available)

Name: _____

Ph #: _____ Relationship: _____

Family Physician: _____ Ph #: _____

Insurance Provider: _____ Group #: _____

SSN of Insured: _____

Please list any allergies you child has or any medications she is taking that you feel the Jubilee staff should be aware of: _____

Please list any medical or physical problems that you feel the Jubilee staff should be aware of: _____

RELEASE FOR MEDICAL ATTENTION

- **In the event of a medical emergency during any Jubilee related activities, I give the Jubilee staff permission to seek medical attention for my child.**

Child's Name: _____

Parent's Signature: _____ Date: _____

- **I do not wish to release permission for medical attention to the Jubilee staff.**
 - **Please specify on a separate piece of paper what procedures you would like the Jubilee staff to follow to meet your child's medical needs.**

Parent's Signature: _____ Date: _____