

**LINCOLN PRESBYTERIAN CHURCH**

**MEDICAL RELEASE FORM**

**June 1<sup>st</sup>, 2015—May 30<sup>th</sup>, 2016**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

GRADE: \_\_\_\_\_ AGE: \_\_\_\_\_ MALE: \_\_\_\_\_ FEMALE: \_\_\_\_\_

To assure the safety and health of the above named, I hereby authorize and appoint as my attorney-in-fact, **LINCOLN PRESBYTERIAN CHURCH** and representatives of the church, to arrange for medical and dental care, and to give oral or written consent on my behalf for medical or dental treatment including any surgery deemed necessary by a licensed physician.

SIGNATURE OF PARENT OR GUARDIAN: \_\_\_\_\_

ALTERNATIVE EMERGENCY PERSON'S NAME: \_\_\_\_\_

EMERGENCY/ALTERNATIVE PHONE #: \_\_\_\_\_

*Please list any physical disabilities, which may limit your son or daughter's activities:*

*Please list any current medications your student is taking:*

**ALLERGIC TO:**

Insurance Carrier \_\_\_\_\_ Policy #: \_\_\_\_\_