MEDICAL RELEASE FORM FOR TRUTH SCHOOL AND YP CONFERENCES

I, ____________________________, parent or guardian of ____________________________, authorize the bearer of this document to obtain any and all medical and/or emergency care which in the bearer’s opinion is needed by my child. I also accept full responsibility for the payment of any expenses incurred from such medical and/or emergency care.

______________________________
Parent/Guardian Signature

______________________________
Date

______________________________
Cell Phone

______________________________
Work Phone

Alternate Contact: ____________________________ Phone # ____________________________

Family Physician: ____________________________ Phone # ____________________________

Insurance Company: ____________________________

Policy or Group #: ____________________________

Current medication, allergies and current & significant past health problems ____________________________

______________________________

(Office Copy)

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