

Laurel Youth
Spontaneous Events
Medical Release Form and Permission Slip

Name: _____

Address: _____

Phone: _____

Emergency Contact Person: _____

Phone # _____

Insurance Company _____ ID# _____

Name of Policy Holder _____

Preferred Hospital _____

(We will notify EMS personnel of your choice, but will leave the decision to their discretion)

Physician Name: _____ Phone# _____

I, the undersigned parent (legal guardian) of _____, a minor, understand that in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I do hereby authorize Laurel Community Church as an agent (s) for the undersigned; to obtain medical treatment and procedures as may be appropriate in emergency circumstances, including treatment by EMS personnel, physicians, hospital and clinic personnel, and other appropriate health care providers.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of our aforesaid agent, to give specific consent to any and all such diagnosis, treatment or hospital care which aforesaid physician in the exercise of his best judgment may deem advisable.

I have read the above and consent to my child participating in the activities. I also understand that my child is under the authority of the church leadership and that failure to comply with leadership could result in dismissing my child from this event and my being called to come pick him/her up.

Parent or Guardian

Signature _____ Date: _____