

2010 Medical Release Form (effective 1.1.2010-12.31.2010)
Student Ministries of Daybreak Community Church

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Grade _____ Age _____ D.O.B. _____ Male _____ Female _____

Person to Notify _____

Primary Phone Number _____

Secondary Phone Number _____

Alternate Contact _____

Phone Number _____

Insurance Comp _____ Policy # _____

Group # _____ Policy Holder's Name _____

Doctor's Name _____ Phone _____

Date of Last Tetanus _____ List any allergies _____

List any medication(s) taken regularly _____

List any medical limitations which may hinder participation in activities. (asthma, diabetes, etc.) _____

List any special medical information _____

_____, the parent or legal guardian of _____, a minor, hereby acknowledge that said minor is presently under my care and custody. I hereby give said minor permission to go and to participate in activities with DAYBREAK COMMUNITY CHURCH of HUDSONVILLE, MI. In the event there arises an emergency, necessitating medical or surgical attention, I hereby give my permission and consent to the church, its representatives or trip leaders to make decisions to perform such medical treatments and/or surgery upon said minor which may in their sole discretion be necessary and proper under the circumstances. I, the undersigned parent or legal guardian of said minor do release, acquit, discharge, and covenant to hold harmless the church, its representatives, or trip leaders from any or all actions, damages, and/or liabilities arising from any accident or sickness, or treatment, thereof, incurred by said minor during activities with the church.

Signed _____ Date _____

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