

THRIVE

Emergency Information & Medical Release Form

Student Name: _____ Date of Birth: _____

Parent's Names: _____ Home Phone: _____

Address: _____ City: _____ Zip: _____

Alternate Phone Numbers: #: _____ Description: _____

#: _____ Description: _____

#: _____ Description: _____

#: _____ Description: _____

Emergency Contact Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Allergies & Medical Conditions: _____

Medical Limitations: _____

Safety/Security Issues: _____

To whom child may be released other than parents/guardians listed above: _____

Physician's Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Insurance Company: _____ Phone: _____

Address: _____ City: _____ State: ____ Zip: _____

Primary Person Insured: _____ Policy #: _____ Group #: _____

I, _____ (Parent/Legal Guardian), hereby give permission for any and all medical and/or dental attention to be administered to my child, _____, in the event of accident, injury, sickness, etc. under the direction of a representative of The THRIVE or our host Church, until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment.

Signature (Parent/Legal Guardian) _____ Date: _____