

# MEDICAL RELEASE FORM

I, \_\_\_\_\_, the parent/legal guardian of \_\_\_\_\_, release, absolve, and hold harmless the Church of Christ at Three Chopt Road in the event of injury to my child while participating in any event sponsored and/or chaperoned by elders, ministers, or members of the Church of Christ at Three Chopt Road. In addition, I give my authorization for my child to receive medical attention until I am notified and am able to give further instructions regarding the care of my child.

## INSURANCE INFORMATION

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

## PERSONAL INFORMATION

Parent/Guardian Name (printed) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ cell ( ) \_\_\_\_\_

Work ( ) \_\_\_\_\_

## ALLERGIES/MEDICATIONS

Please list any known allergies: \_\_\_\_\_

\_\_\_\_\_

Please list any current medications: \_\_\_\_\_

\_\_\_\_\_

I give my permission for an adult chaperone to administer the following over-the-counter medications to my child (check all that apply): Acetaminophen \_\_\_\_\_ Ibuprofen \_\_\_\_\_

Simple Antacids \_\_\_\_\_ Dramamine \_\_\_\_\_ Antihistamine \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

County of Henrico

Commonwealth of Virginia

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

by \_\_\_\_\_.

\_\_\_\_\_ Notary Public

Notary Registration Number \_\_\_\_\_

My commission expires \_\_\_\_\_.

