



Medical Release Form

For Sonlight Wesleyan Church

Valid for ALL Programs/Activities from: **August 29, 2018 – August 31, 2019**

Personal Information:

Name: _____ Birth Date: _____ Grade: _____

Name: _____ Birth Date: _____ Grade: _____

Name: _____ Birth Date: _____ Grade: _____

Parents Names: _____

Family Address, City, & Zip: _____

Home Phone: _____

Father or Mother's Cell: _____ Other Phone (if needed): _____

If we cannot get a hold of a parent, **Emergency Contact Person:**

Name: _____ Phone: _____

Insurance Information:

Insurance Company: _____ Policy#: _____

Medication being taken: _____

(Specify which child is taking medication)

Allergies: _____

(Specify which child has the allergies)

Other Pertinent Information: _____

I understand that if medical intervention is needed for this child, every attempt will be made to consult the contact persons listed on this form. If, however, those persons cannot be reached, I give my permission to the activity leaders to secure the services of a licensed physician to provide medical treatment that is deemed necessary for the well-being of this child. I understand all reasonable safety precautions will be taken at all times by Sonlight Wesleyan Church and its agents during events, trips and activities. I also understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree to release, forever discharge and hold harmless Sonlight Wesleyan Church, its leaders, employees, and volunteer staff from any and all liability and claims for damages, losses, sickness, or injury incurred by this child.

Parent or Guardian Signature: _____ Date: _____