

**Medical Release Form
High Peak Baptist Church**

This form is for all activities that are more than a thirty minute drive from our church property or are overnight. All minors must have one filled out. They are good for one year from the date it is signed.

Medical Insurance Information

Child's Full Name: _____
(please write name again since this is a separate sheet)

Child's Social Security Number: _____ Company Name: _____

Policy Holder Name: _____ Relationship to Child

ID Number: _____ Group Policy Number: _____

Health Conditions

Please list any health conditions that your child has so that if they need medical attention we can notify the people treating your child.

Please list any medications and dosage instructions.

Permission to Have Emergency Treatment

I give permission for my child to get emergency medical care in the event that I cannot be reached and the care is needed for my child.

Signature for Medical Release: _____

Notarization: On this _____ day of _____, _____,

personally appeared before me in _____ County (in the state of _____)

and in my presence signed this medical release form.

Name of Notary Official: _____

Signature: _____

Commission Expires: _____