CENTRAL PRESBYTERIAN CHURCH
MEDICAL RELEASE FORM

NAME: _____ **PHONE:** _____

ADDRESS: _____ **CITY**:_____ **ZIP:**_____

SCHOOL: _____**GRADE:** _____ **DOB**:_____**AGE:** _____

MALE: _____ **FEMALE:** _____ **ALLERGIES/MEDICAL CONDITIONS:**_____

_____***I give permission to CPC to use my child's photo on the webpage, social media, brochures (Central Press, bulletin boards etc.) and any other advertising and understand no monetary compensation will be given to me in exchange.***

To assure the safety and health of the above named, I hereby authorize and appoint as my attorney-in-fact, ***CENTRAL PRESBYTERIAN CHURCH*** and representatives of the church, to arrange for medical and dental care, and to give oral or written consent on my behalf for medical or dental treatment including any surgery deemed necessary by a licensed physician.

NAME OF PARENT OR GUARDIAN :_____

SIGNATURE OF PARENT OR GUARDIAN: _____

PARENT/GUARDIAN CONTACT #'S: HOME PHONE: _____

ADDRESS (IF DIFFERENT THAN ABOVE)_____

_____

EMAIL:_____CELL: _____

ALTERNATIVE EMERGENCY PERSON'S NAME: _____

EMERGENCY/ALTERNATIVE PHONE #(s): _____

Insurance Carrier: _____ **Policy #:** _____

(Optional)
Front of Insurance card

(Optional)
Back of Insurance card