

## Youth Medical Release Form



**St. George's**  
Episcopal  
Church

I do hereby give permission for my child, \_\_\_\_\_, to participate in all St. George's Episcopal Church activities for the program year September 2021 – Summer 2022. I also give my permission, in the event of an accident or illness, for my child to receive emergency treatment as deemed necessary by a licensed physician.

Name of Primary Medical Insurance Company: \_\_\_\_\_

Policyholder: \_\_\_\_\_ Policy Holder Cell Number: \_\_\_\_\_

Policy Number / ID #: \_\_\_\_\_ Group #: \_\_\_\_\_

Family Physician Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Date of Last Tetanus Immunization / Booster: \_\_\_\_\_

Known allergies or chronic medical conditions:

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Medications (prescriptions and over the counter):

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### **Medical Consent:**

In the event of a medical emergency, I hereby consent to the necessary and proper treatment, surgery, and / or anesthetic by a licensed physician or health care professional.

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

**Release date: 9/1/2021**