

Medical Release Form



To: Any Military, Government, Public or Private Hospital, & Doctors

Re: Name of Child _____

I hereby authorize the performance of any medical or surgical procedures under local or general anesthesia, which may be advised by the attending physicians of my child while a patient of any US hospital. Furthermore, I respectfully request the use of any of the hospital services or facilities, which may be regarded as necessary, or beneficial in the performance of said procedure.

I agree to hold the hospital and doctors harmless from any liability in the treatment or admissions of my above named child.

Let this be your authority to treat and admit my child, until I am able to arrive at your hospital and formally sign the necessary papers. It is understood that this authorization is given in advance of any specific diagnosis or emergency treatment being rendered.

My child is allergic to:

Chronic Illnesses:

Drugs currently being taken:

When:

Child is permitted to take Tylenol for headache: Yes No

Child is permitted to take _____ for fever.

Child is permitted to take _____ for cold and flu symptoms.

Is Child subject to motion sickness? Yes No

If yes, what medicine may child take?

Family Physician:

Phone Number:

Insurance Carrier:

Policy Number:

Liability Release Form

Parent or Legal Guardian:

I hereby give permission for my son/daughter _____ to attend the Youth United for Christ Worshipfest located at The Barn Youth Center on July 30 -31, 2016.

I hereby release the Barn Ministry Inc. and Youth United for Christ staff and volunteers from any and all liability while in attendance at this event and in traveling to and from this event.

Signature Parent / Legal Guardian: _____ Date: _____

Home Phone _____ Mobile Phone _____ Work Phone _____