



**THE FOLLEN CHURCH SOCIETY  
RELIGIOUS EDUCATION PROGRAMS**

**MEDICAL RELEASE FORM**

I \_\_\_\_\_ (please print) am the parent or legal guardian of \_\_\_\_\_, (please list all **children in family**) who will be attending the children and youth programs of the Religious Education Program at The Follen Church Society. I hereby give my consent and authority for the program staff to take any reasonable action to help ensure the safety, health and welfare of my son/daughter/ward. In my absence, I also give my consent for any necessary medical treatment for my child, including emergency surgical care. We will contact parent/guardian prior to any treatment when possible.

**Signature of Parent or Guardian** (participants 18 or older may sign for themselves):

\_\_\_\_\_ Date: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Insurance Information**

Name of Insurance policy holder (print) \_\_\_\_\_

Insurance Agency (provider of insurance policy) \_\_\_\_\_

Policy/Group Number/s \_\_\_\_\_

**Medical Information for (name of child/youth):** \_\_\_\_\_

Current Medications \_\_\_\_\_

Allergies/Medical Conditions \_\_\_\_\_

Carries an Epi-Pen : Yes \_\_\_\_\_

Date of Last Tetanus Shot \_\_\_ / \_\_\_ / \_\_\_\_\_

Special Health Needs \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\* Use Additional sheet if needed

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