Florence Christian Church
Liability and Medical Release Form

Name_____Age_____Birthdate_____
Address_____Phone_____
City/State_____Zip_____
Parents Work Phone: father_____ext.___mother_____ext.___cell_____
Hospital Insurance Co._____policy #_____
Dental Insurance Co._____policy #_____
Doctor_____phone_____Dentist_____phone_____
Emergency Contact: name_____relation_____phone_____
name_____relation_____phone_____
Please list below any allergies or special medical problems your child may have:
_____
_____
_____

Blanket Release/Consent:

The undersigned does hereby give permission for our (my) child _____ to attend and participate in activities sponsored by Florence Christian Church during the school year _____.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Florence Christian Church.

_____ _____
Parent/Guardian Date