



Orchard Lake
Community Church, Presbyterian

**Orchard Lake Community Church, Presbyterian
2022-2023 School Year
Medical Release and Medical History**

I / We, the undersigned, parents(s) or legal guardian(s) of _____, a minor, do here by authorize Orchard Lake Community Church, Presbyterian as agent for the undersigned to consent to any X-ray examination, anesthetic, medical or surgical diagnosis, or treatment and hospital care or service, which is deemed advisable and is to be rendered to said minor, under the general or specific supervision of any physician and surgeon licensed, or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being rendered, but is given as specific consent to any and all such diagnosis, treatment, or hospital care which the above mentioned physician, in the exercise of his/her best judgement, may deem advisable to protect the life and health of said minor child.

This authorization is given and shall remain in effect from (Date) _____, to September 2023 unless sooner if revoked in writing and delivered to said agents.

Father / Guardian _____ Work Phone _____

Cell Phone _____

Mother / Guardian _____ Work Phone _____

Cell Phone _____

Address _____ City _____

Zip _____

Neighbor or relative to contact in emergency:

Name _____ Phone _____

Name _____ Phone _____

Medical Background Information

Last Tetanus Shot (if know) _____

Doctors Name _____ Phone _____

Medical Insurance Company _____

Policy Number _____ Group / Plan # _____

Allergies _____

Medical Disorders _____

Special Instructions _____

Student Birth Date _____

Signature of Parent or Guardian _____