

Medical Release & Treatment Form

Orchard Lake Community Church, Presbyterian

Name of event: *Compassion Camp Vacation Bible School*

When: *August 8-10, 2022, 9:30 am - 12:00 pm*

Minor's Name: _____

Minor's Address: _____

Minor's Date of Birth: _____

MEDICAL INFORMATION

Primary Care Physician's Name and Phone #: _____

Medical Insurance Provider: _____ Policy #: _____

Allergies to Medications or Food: _____

Medical conditions for which the minor is receiving treatment: _____

Prescription drugs the minor is taking: _____

Date of last tetanus shot _____

Other pertinent medical information: _____

AUTHORIZATION AND CONSENT OF PARENTS(S) OR LEGAL GUARDIAN(S): As custodian of the minor, I grant my authorization and consent for a designated adult to administer general first aid treatment for minor injuries or illnesses. If the injury or illness is severe, I authorize him or her to seek professional emergency personnel to attend, transport and treat the minor and to issue consent for any medical care deemed advisable by a licensed medical professional or institution. I authorize the designated adult to exercise best judgment upon the advice of medical or emergency personnel.

Effective Date: _____

Parent/legal guardian (sign) _____

Parent/legal guardian (print) _____

Emergency Phone: Home _____ Work _____ Cell _____

Date Signed: _____