

Lighthouse Bible Church Emergency Medical Release
Maker Fun Factory **July 17th – 21st**

To whom it may concern:

As a parent and/or guardian, I do herewith authorize treatment under the direction of any licensed physician/dentist of the following minor(s) in the event of a medical/dental emergency which, in the opinion of the attending physician/dentist, may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me by phone at the number(s) listed below.

Name of Minor _____ DOB _____ Age _____ Sex _____

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Name of Minor _____ DOB _____ Age _____ Sex _____

Address _____ **Home Phone** _____
Street City Zip

Doctor's Name _____ **Phone** _____

Allergies, chronic illness, other conditions _____

Information continued on back of form

Other contact(s) in case of emergency:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Insurance Provider _____ **Policy #** _____

Additional Concerns/Notes: _____

AUTHORIZATION AND CONSENT AND RELEASE

This release form is completed and signed of my own free will with the purpose of authorizing medical treatment under emergency circumstances in my absence. I also agree to assume the responsibility for any costs connected with such treatment and hereby release Lighthouse Bible Church where child attends Vacation Bible School from any liability thereof.

Print Name _____

Signed _____ **Date** _____

Father-Mother-Legal Guardian (underline one)