

MEDICAL RELEASE FORM

I, _____ (Parent/Guardian's Name) hereby given permission for any and all medical attention to be administered to my child _____ (Child's Name). In the event of an accident, injury, sickness, etc., under the direction of the person(s) listed below, until such time as I may be contacted. I also assume the responsibility for the payment of such treatment. This release is effective for the period of one year from the date given below.

ADDRESS: _____

HOME PHONE: _____ MOBILE: _____

INSURANCE COMP: _____

POLICY NUMBER: _____

In case I cannot be reached, any of the following persons is designated to act on my behalf.

Jason Crandall, Lead Pastor (CityView Church)

PHYSICIAN: _____

ADDRESS: _____

PHONE: _____

KNOWN ALLERGIES: _____

SIGNATURE (PARENT/GUARDIAN) _____ DATE _____