

**Medical Release Form**  
*Pear Orchard Presbyterian Church*

To Whom It May Concern:

I, the undersigned, being the Father/Mother or Guardian of \_\_\_\_\_ born (birthdate) \_\_\_\_\_, a minor child or incapacitated, do hereby authorize Pear Orchard Presbyterian Church of Ridgeland, Mississippi, or through its staff, personnel, representative of camp, employees, or agents to make provisions for any medical care which may be deemed necessary by a licensed physician for said child and make any other decisions or give other consents deemed necessary for the health or welfare of said child at any time. I understand that should a health emergency arise, I will be notified, but that if I cannot be reached by telephone, that sponsor or group leader should act as my agent to consent to such diagnostic procedures and hospital care, including X-ray, medical anesthesia, or surgery, as deemed necessary to secure and maintain the health and well being of the above-named minor so long as said treatment is deemed advisable by and is rendered under the supervision of a physician or surgeon properly qualified and licensed under the law. As such medical treatment deemed necessary by competent medical personnel is authorized.

I do \_\_\_\_; do not\* \_\_\_\_; carry personal medical insurance coverage on the above-named minor:

Name of Insurance

Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

\*If you do not carry insurance on your son/daughter, please provide the following insurance information:

Medicare No. \_\_\_\_\_ Medicaid No. \_\_\_\_\_

List other **pertinent medical information**:

- 1) Allergies- \_\_\_\_\_
- 2) Current Medication- \_\_\_\_\_
- 3) Feeding Restrictions/Diet- \_\_\_\_\_
- 4) Does your child have any other past medical history such as seizure, heart, or lung disorder?  
\_\_\_\_\_

This is a yearly medical permission form, which will remain on file in the church office and used whenever needed until revoked, undersigned or expired after the current year valid.

Dated this the \_\_\_\_\_ day of \_\_\_\_\_ 200\_\_

(Signature of Parent or Legal Guardian)

Please Print Name

Phone No: Home \_\_\_\_\_ Work \_\_\_\_\_

Cell \_\_\_\_\_

Address: Street/Apt. \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Emergency Contact other than parent/guardian:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_