Stow Alliance Fellowship of The Christian & Missionary Alliance
Medical Release Form (Revised September 1999)

Information Confidential

Son's/Daughter's Name:____ Age:_______

Birth date: ___ / ___ / ___ Sex: M / F Height: _______ Weight: _______

Address: ____ City: __________________

State: _______ Zip: __________ Phone: __________________

Business Address:____

City: ________________________ State: _________ Phone: _____________________ ext.

Person other than above to call in an emergency. Name: ____________________________

Relationship: _____________________________ Phone:_________________________

Health Information Necessary for Proper Care and Protection

Describe any health factors that make it advisable for you son/daughter to limit physical activity:

____

Is he/she taking any medications? ❑ No ❑ Yes If yes, what are the directions for the medications? ____

Any known allergies ❑ bee sting ❑ hay, straw ❑ Pollens ❑ Foods ❑ Other _____________

Any known allergy to any medications? ____

May student have aspirin if needed? __________ Aspirin substitute? __________

Has a tetanus shot been given within the last five years? ❑ Yes ❑ No

Name and Phone of Family Physician: ____

Name and Phone of Family Dentist: ____

Preferred Hospital: ____

Any recent exposure to a communicable disease? ___________________________________

Has your child ever had: ❑ seizures ❑ asthma ❑ heart disease ❑ homesickness

Is there anything else we should know about your son/daughter? _______________________

In the event of a medical emergency, I understand that hospital policy requires parental/guardian permission before treatment. Therefore, someone may be reached at one of these phone numbers:

Father _______________ Mother _______________ Home ________________ Other ________________

Insurance Group Name: __________________________________ Policy Number: _____________________

I, ______________________________ The legal Parent/Guardian of _______________________________

hereby release Stow Alliance Fellowship from any and all liability in case of accident or illness.

Date: __________________ Signature of Parent/Guardian: ____