



Lifeline Permission and Medical Release Form

Valid for the year of January 2017-2018

Child's Name	Date of Birth		
Child's Address	City	State	Zip Code
Home Phone #	Cell Phone #	E-mail address	
PRINT Name of Parent / Legal Guardian			
Home Address of Parent/Legal Guardian	City	State	Zip Code
Home Phone # of Parent/Legal Guardian	E-mail of Parent/Legal Guardian		

(Fill out either Part 1 OR Part 2, not both)

Part 1: To Grant Consent

In case of an emergency, I can be reached at:

Name: _____ Phone (home/cell): _____
Relationship to Child: _____ Phone (work): _____
Secondary Contact: _____ Phone (home/cell): _____
Relationship to Child: _____ Phone (work): _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for

1. the administration of any treatment deemed necessary by the named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and
2. the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

If my child has any prescription medication, or allergies to medications, I have listed them below. I also hereby give my permission to the physician selected by the attending hospital to secure proper treatment for and to order injections, anesthesia or surgery for my son/daughter in the event I cannot be reached in an emergency. I hereby give consent for the following medical care providers and local hospitals to be called:

Physician: _____ Phone: _____
Specialist: _____ Phone: _____
Dentist: _____ Phone: _____
Local Hospital: _____ Emergency Room: _____

(Please complete both sides.)

Insurance Company: _____

Name of policy holder: _____

Policy Number: _____

Group Number: _____

My child's birth date is: _____

Hospital Insurance? Yes No

Please list all medications currently taken:

Please list any allergies to medications, food, animals, environment or other known allergies:

Please list any condition for which the youth is treated on an ongoing basis: _____

Please list any other medical history, to which a physician may need to be alerted:

I fully understand what is involved in the foregoing form, and I understand that I have the opportunity to call the Abundant Life Community Church's Pastor with any questions I may have. By signing this form, I agree that my child has permission to go to any and all events for the 2017-2018 year.

Signature of Parent / Legal Guardian

Date

OR

Part 2: Refusal to Consent

I do NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the church authorities to take the following actions:

I fully understand what is involved in the foregoing form, and I understand that I have the opportunity to call the Abundant Life Community Church's Pastor with any questions I may have. By signing this form, I agree that my child has permission to go to any and all meets and events for the 2017-2018 year.

Signature of Parent / Legal Guardian

Date