



**Meadow Springs Community Church
Student Medical Information**

Student's Name _____ Age _____

Address _____

City _____ Zip _____ Phone _____

In Emergency, notify _____ Phone _____

Doctor _____ City _____

Phone _____

Medical Insurance Company _____

Policy # _____

Insurance Address _____

Insurance Phone _____

Date of last tetanus shot: _____

Any medical conditions we need to be aware of? List current medications or treatment: _____

List any allergies: _____

I understand that in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I do hereby authorize Meadow Springs Community Church as an agent(s) for the undersigned to consent to an x-ray examination, anesthetic, medical care which is deemed advisable by, and is rendered under general supervisions of, any physician and surgeon licensed under the provisions of the PHYSICIANS AND SURGEONS ACT and on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent, to give specific consent to any and all such diagnosis, treatment or hospital care which aforesaid physician in the exercise of his best judgment may deem advisable.

I understand that there are inherent risks in participating in this activity. I also understand that my insurance will cover any treatment and that Meadow Springs Community Church will not be held liable.

I also understand that my child is under the authority of the event leadership and that failure to comply with leadership could result in dismissing my child from the event, and I agree to pay for any expenses incurred in transporting him/her home.

Parent/Guardian Signature

Date

**This form is effective November 1, 2010 to June 30, 2011