

Permission and Medical Release Form

I, _____, give my permission for _____ to participate with the _____ from Journey Church of Eva, Alabama to _____ from the date of _____ to the date of _____.

EMERGENCY MEDICAL INFORMATION

Participant Information			
Full Name:		Birth Date:	
Home Address:			
Social Security #		Home Phone:	
List any medical conditions, injuries, or allergies:			
In Case of Emergency Contact			
Name:		Phone:	
Name:		Phone:	
Physician Information:			
Physician:		Phone:	
Insurance: Please list insurance coverage below			
Company:		Effective Date:	
Group ID #:			
Medical Release:			
<p>In the event of an emergency, in which you are unable to reach me (parent/guardian), in case of injuries, accidents, or illness, I give my permission for treatment deemed necessary in consultation between attending emergency physician and the Event Leader for Journey Church. I also release Journey Church and its program staff of liability in the case of accidents or injuries to the participant as listed above while attending any youth function.</p>			
<p>_____</p> <p>(Signature of parent/guardian)</p>			
<p>_____</p> <p>(Date)</p>			