

UNITY BAPTIST CHURCH
4951 Mount Sinai Road
Prince George, VA 23875
(804) 458-7440

MEDICAL RELEASE FORM

STUDENT'S NAME _____
LAST FIRST MIDDLE

This form will be kept on file in the Unity Baptist Church office and with the WORD OF LIFE Administration Team for the program year **2017-2018**. Please call to notify the administrative team of any changes.

NOTE: Parents must sign either Part I (Consent) or Part II (Refuse to Consent)

PART I – CONSENT TO EMERGENCY MEDICAL CARE

In the event reasonable attempts to contact me at (phone no.) _____ or (other parent/adult) _____ at (phone no.) _____ have been unsuccessful, I hereby give consent for:

1. The administration of any treatment deemed necessary by Dr. _____ (preferred physician) or Dr. _____ (preferred dentist), or in the event the designated preferred is not available, by another licensed physician or dentist; and
2. The transfer of the child to _____ (preferred hospital) or any hospital reasonably accessible. This authorization does not cover major medical surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before surgery is performed. My health insurance carrier is _____, my Policy/Group Claim No. is _____.

The following includes any allergies the child may have, any medication the child may be taking and any other facts to which the physician or dentist should be alerted:

Date

Signature of Parent or Guardian

Printed Name of Parent or Guardian _____

PART II – REFUSE CONSENT TO EMERGENCY MEDICAL CARE

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 no action or to: _____

Date

Signature of Parent or Guardian

Printed Name of Parent/Guardian _____