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

MEDICAL RELEASE FORM

STUDENT'S NAME LAST	EIDCT	MIDDLE
LAST	FIRST	MIDDLE
This form will be kept on file in the Unity Team for the program year 2018-2019 . Plo	*	
NOTE: Parents must sign either Part I	(Consent) or Part II (Refuse to C	onsent)
PART I - CONS	ENT TO EMERGENCY MEDICA	AL CARE
In the event reasonable attempts to contact at (ph	me at (phone no.) have been	or (other parent/adult) en unsuccessful, I hereby give
consent for:	·	
 The administration of any treatment or Dr (presequence available, by another licensed physes. The transfer of the child to hospital reasonably accessible. The medical opinions of two other licensurgery, are obtained before surgery my The following includes any allergies the chacts to which the physician or dentist shown. 	ferred dentist), or in the event the decician or dentist; and is authorization does not cover major ased physicians or dentists, concurring is performed. My health insurance Policy/Group Claim No. is	_(preferred hospital) or any or medical surgery unless the ng in the necessity for such the carrier is,
racts to which the physician of dentist shot	nd be alerted.	
Date	Signature of Parent or Gu	ardian
Printed Name of Parent or Guardian		
PART II – REFUSE C	ONSENT TO EMERGENCY ME	EDICAL CARE
I DO NOT give my consent for emergency requiring emergency treatment, I wish the	y medical treatment of my child. In	the event of illness or injury
Date	Signature of Parent or Gu	ardian
Printed Name of Parent/Guardian		