

**Student Medical Release Form/Permission to Treat**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Church/Group Name: Grace Bible Church Event: Student Life Summer Camp

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Insurance Information:**

Insurance Company: \_\_\_\_\_

Policy number: \_\_\_\_\_

Group Number: \_\_\_\_\_

Cardholder: \_\_\_\_\_ Relationship to Cardholder: \_\_\_\_\_

Insurance Company Phone: \_\_\_\_\_

**Emergency Contact Information:**

Parent/Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Please list any current Medical Diagnosis, allergies, prescriptions/dosages, and other relevant medical information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent or Guardian Authorization:

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel. (i.e. EMT, First Responder, E.R. Physician)

\_\_\_\_\_  
Authorized Parent/Guardian Signature