

SIMI VALLEY COMMUNITY CHURCH MEDICAL RELEASE

NAME (please print) _____ GRADE _____ SEX _____

ADDRESS _____ PHONE _____ WORK# _____

CITY _____ ZIP _____ DATE OF BIRTH _____

I hereby assume responsibility for the behavior of, and for any mishap that might occur to _____ (son/daughter) while on leave from home to attend any Simi Valley Community Church function. If disciplinary action needs to be taken, I will come and get him/her or pay the expense of having him/her sent home.

DATE _____ PARENT/GUARDIAN _____

AUTHORIZATION TO RENDER MEDICAL, DENTAL, SURGICAL OR HOSPITAL CARE

Dear Parents/Guardians:

It will be to everyone's advantage if you will make a complete and frank statement of your child's health. The following is a list of diseases and/or conditions which may pertain to your child. State age at which it occurred. If condition has never existed write "none." List any additional information which might be helpful.

APPENDICITIS _____	EAR INFECTION _____	MONONUCLEOSIS _____
ASTHMA _____	EPILEPSY _____	RHEUMATIC FEVER _____
CHRONIC COUGH _____	FAINING _____	TONSILLITIS _____
CONSTIPATION _____	HAY FEVER _____	PNEUMONIA _____
DIABETES _____	HEART DISEASE _____	MOTION SICKNESS _____

List any other (describe thoroughly) _____

Include anything which will require specific attention as well as a list of drugs (including aspirin) to which he/she may be allergic or which should not be given. _____

Is student taking any medication regularly or periodically? YES _____ NO _____

If yes, thoroughly discuss the medication, the dosage and the condition for which it is prescribed with the Organizing Chairman. (Use the back of this sheet, if necessary, to write the additional information)

DATE OF LAST TETANUS SHOT _____

STATEMENT OF AUTHORIZATION

The undersigned parent/legal guardian of _____ hereby authorizes Simi Valley Community Church; and/or authorized chaperon, to consent to any and all medical or dental treatment to be rendered to said child under the supervision of State Medical, Dental Practice Act. This authorization shall remain effective from 1/1/2009 to 12/31/2009, or sooner if revoked by the undersigned in writing and delivered to Simi Valley Community Church.

DATE _____ PARENT/GUARDIAN _____

PHONE _____ ALTERNATE PHONE _____

FAMILY DOCTOR'S NAME AND NUMBER _____

HEALTH INSURANCE CARRIER _____

INSURANCE POLICY NUMBER(S) _____