

Agoura Bible Fellowship Medical Release Form

CHILD'S NAME _____ Age _____

PARENTS' NAMES _____

ADDRESS _____

CITY _____ ZIP _____ PHONE _____

PARENT'S CELL: MOM _____ DAD _____

IN EMERGENCY: *If parents unavailable*

NOTIFY _____ PHONE _____

INSURANCE COMPANY NAME _____

INSURANCE POLICY NUMBER _____

NOTE: ABF's insurance is only secondary insurance. If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your son or daughter is on a church-related activity.

ANY KNOWN ALLERGIES: _____

MEDICATIONS CURRENTLY TAKING: _____

OTHER MEDICAL INFORMATION WE MAY NEED TO KNOW: _____

I, the undersigned parent or guardian of _____, do hereby authorize the designated leadership of Agoura Bible Fellowship, Agoura Hills, California, to act as agents for the undersigned to consent to emergency medical care by a qualified physician in the event of injury or illness of my child. I release the leadership of Agoura Bible Fellowship for all liability.

Under Section 25.8 of the California Civil Code, I consent to any x-ray, examination, anesthetic, hospital, or medical treatment for my child when deemed advisable and to be rendered by a physician licensed under the provision of the medical practice act in which state treatment is rendered. It is understood that said physician will render such medical treatment as deemed necessary in his best judgment. Every effort will be made to contact the parent or guardian.

I will accept responsibility for any medical expenses incurred in the case of emergency treatment. I accept responsibility to inform the ABF Leadership of any change of medication, medical condition, or medical limitation that arises during the year.

This consent is to remain in effect from September 1, 2009 to October 31, 2010 when an activity under the supervision of Agoura Bible Fellowship is attended unless sooner revoked.

DATE _____

PARENT OR GUARDIAN SIGNATURE _____

PRINT NAME _____