

# **Medical Release/Permission To Treat Form**

**Please Print Clearly**

Name: \_\_\_\_\_ Gender \_\_\_\_\_ DOB: \_\_\_\_\_  
Age: \_\_\_\_\_ Grade (If student): \_\_\_\_\_  
Complete Address: \_\_\_\_\_ Best  
Phone Number: \_\_\_\_\_  
Parent/Guardian (If younger than 19 years old): \_\_\_\_\_

Please provide the name/contact information of two individuals that may be contacted in the event of an emergency.

|                            |                            |
|----------------------------|----------------------------|
| Name: _____                | Name: _____                |
| Relationship to you: _____ | Relationship to you: _____ |
| Contact #: _____           | Contact #: _____           |
| Alternate #: _____         | Alternate #: _____         |

Insurance company: \_\_\_\_\_ Phone: \_\_\_\_\_  
List any medications taken on a regular basis: \_\_\_\_\_

\_\_\_\_\_

List any allergies: \_\_\_\_\_  
List any special dietary restrictions: \_\_\_\_\_

I hereby give my permission to medical personnel selected by a member of Battleground Community Staff or his/her designee to order X-rays, routine tests, and treatment for me. In the event of an emergency and neither my primary nor secondary contact can be reached, I hereby give permission to the physician selected to secure proper treatment, hospitalize, order injections, and/or anesthesia, and/or authorize surgery for me. I further authorize the release of the above medical information to appropriate medical personnel and/or the health coverage insurance company. In addition, I have and do hereby release Battleground Community Church, its employees or agents, from liability associated with participation in any events. I understand that if I do not have medical insurance, I will be responsible for any medical expenses in the event of sickness or injury.

### Photo/Video Permission

Permission is requested to use /photos/videos on our church website and through social media. No identifying information regarding your child will be shown. Pictures and videos will not be sold. Photos/videos will be used exclusively for our church promotional purposes.

\_\_\_\_\_  
Parent Name (please print)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date