

# Funtastic 2018

## Medical Release Form

(For use by your sponsor. The hosts of Funtastic will not be collecting these)

Student Name: \_\_\_\_\_

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

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

Emergency Contact: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Full Insurance Name: \_\_\_\_\_

Insurance Phone #: \_\_\_\_\_

Policy #: \_\_\_\_\_

Comments or medical info that your church sponsor should be aware of (allergies, prescriptions, etc.):

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

In the event of an emergency where medical treatment is required, I give permission to the church staff or sponsor to obtain the services of a licensed physician. I understand that every effort will be made to contact me prior to any emergency procedure.

Signature: \_\_\_\_\_

(Parent or Guardian)

Date: \_\_\_\_\_

I also agree to allow the student listed above to travel with

\_\_\_\_\_

(Church Name)

Signature: \_\_\_\_\_

(Parent or Guardian)

Date: \_\_\_\_\_