

Funtastic 2020

Medical Release Form

(For use by your sponsor. The hosts of Funtastic will not collect 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: _____ Date: _____
(Parent or Guardian)

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

(Church Name or Sponsor Name)

Signature: _____ Date: _____
(Parent or Guardian)