

Medical Release Form

It is understood that consent is given in advance of any emergency, diagnosis, and/ or treatment required while the student participates in Holiday Hangout activities. The Medical Release Form authorizes designated Wilson Memorial Church (WMC) and Anderson Vanguard Academy (AVA) personnel to exercise their best judgment should action be warranted to ensure the student's safety, life, and health. Completion of this form provides for express consent to emergency medical treatment in the absence of a parent or legal guardian.

Student's Full Name: _____

Parent(s) and/ or Legal Guardian(s): _____

Most reliable phone number: _____

EMERGENCY CONTACT INFORMATION (To be used in the absence of a parent or legal guardian when medical treatment is required)

Emergency Contact Name: _____

Emergency Contact Relationship: _____

Emergency Contact Phone Number: _____

Healthcare Provider: _____

Healthcare Provider Phone Number: _____

GENERAL STUDENT INFORMATION

Please circle all that apply to your child's current health status:

Diabetes YES NO

Heart condition YES NO

Epilepsy YES NO

Asthma YES NO

Other: _____

Known FOOD allergies: _____

Known MEDICATION allergies: _____

Date of last tetanus: _____

Any additional medical information WMC and AVA should be aware of: _____

Any special needs WMC and AVA should be aware of: _____

Current medications: _____

Please describe what should be done in case of an emergency when religious beliefs prohibit any emergency medical attention for accident, injury, and/ or illness. Please leave the section blank if not applicable.

INSURANCE INFORMATION (To be used ONLY in the event of a TRUE emergency)

Insurance Carrier: _____

Name of Insured: _____

Policy Number: _____

Group Number: _____

I give my child, _____, permission to participate in all Holiday Hangout activities as they are designed. I hereby authorize any and all medical treatment in my absence for my son or daughter in conjunction with activities related to Wilson Memorial Church and Anderson Vanguard Academy. I understand that any medical treatment provided to my child by Wilson Memorial Church and/ or Anderson Vanguard Academy staff is provided with their best judgment and attempts to reach me to discuss treatment options. I further agree to release Wilson Memorial Church and Anderson Vanguard Academy and its workers from any liability in the event of any injury, accident, or illness incurred during these activities. I accept full financial responsibility for any medical treatment provided by a local hospital and/ or similar entity and understand that Wilson Memorial Church or Anderson Vanguard Academy will not be responsible for any such medical costs.

Printed Name: _____
Parent or Legal Guardian

Signature: _____
Parent or Legal Guardian

Date: _____