

Medical Emergency Release Form

Name of Student _____

Social Security Number X X X – X X - _____ (last 4 digits)

Address _____

City _____ State _____ Zip _____

Parent or Guardian _____

Home Phone _____ Work Phone _____

Cell Phone / Pager _____

Does your child have allergies? Yes No

If yes, please reactions and cause. _____

Medical Insurance Company _____

Policy Number _____

If my child needs medical services, which require my consent before being supplied, and I cannot be reached, I hereby authorize Wayne Christian School coaches or others in charge to furnish on my behalf such authorization that may be required. Further, I release coaches and Wayne Christian School from any liability which might arise from giving such authorization, it being my desire that my child be furnished with such medical services as soon as reasonably possible after the need arises.

Parent / Guardian Signature _____

Date _____