

Friday School Medical Release

2007-2008 School Year

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Parent to Notify: _____

Emergency contact person other than parent: _____

In the event of an emergency where medical treatment is required I give my permission to the Woodside Baptist School Staff, Sponsors or Teachers to obtain the services of a licensed physician.

For decisions made in my absence we will not hold Woodside Baptist School, Staff, Sponsors or Teachers responsible for any accident or medical expenses.

Comments or medical restrictions or information:

Any medications currently being taken: _____

Medical Insurance Information: _____

Any allergies or sensitivities to over the counter or prescription drugs: _____

Signed _____ Date _____

(Parent or Guardian)