

CHELAN 2011
PERMISSION/MEDICAL RELEASE FORM

In the event of an injury or illness, I hereby authorize the staff and volunteer staff of Orcas Island Community Church to administer emergency care and/or contact a medical care provider to examine the student named below and to arrange for any consultation and care by a specialist, including a surgeon, which the physician deems necessary to provide proper care of any injury or illness. I understand that an effort will be made to contact me in a timely manner to explain the nature of the injury/illness and update me on the care provided or anticipated.

Student: _____

Signature of Parent/Guardian: _____ Date: _____

Student Information

Student's Full Name: _____

Allergies _____ Date of Tetanus _____

Medical Concerns

Medication Taken Regularly _____

Parent/Guardian Information

Father _____ Mother _____

Address _____

Home Phone _____ Cell Phone _____

Work Phone _____ Fax _____

Emergency Contact Information

In case of emergency, please list in order who you would like contacted (Name, Phone):

PLEASE ATTACH A COPY OF INSURANCE CARD

Insurance Information

Company _____ Policy # _____

Policy Holder _____ Policy Holders Last 4 of SSN _____

Policy Holder's Birthdate _____ Employer _____

Does this plan require a referral from a Primary Care Provider? _____

Primary Care Physician _____

Phone _____ Fax _____

Comments:
