



Pinedale Student Ministries Medical Release Form

Name _____ Year of graduation _____

Address _____

City _____

Telephone (Home) () _____ Cell Phone () _____

Parent/Guardian living with child _____ Work phone () _____

Other contact person _____ Phone () _____

Primary Doctor _____ Phone () _____

Medical Insurance Company _____

Policy # _____ Insurance Company's phone () _____

BRIEF MEDICAL HISTORY AND/OR SPECIFIC INSTRUCTIONS OR INFORMATION TO PHYSICIAN OR NURSE concerning any specific physical or mental condition or medications they should be aware of.

Any restrictions? _____

I (we), the parents/guardians of the aforementioned student, do hereby authorize Pinedale Christian Church/Pinedale Student Ministries (PCC/PSM) as agents for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis treatment and hospital care which is deemed advisable by and is to be rendered under the general or specific supervision of any physician or surgeon licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment if rendered at office of said physician or hospital.

It is understood that this authorization is given in advance of any specific diagnosis treatment or hospital care being required but is given to provide authority and power on the part of aforesaid agents to give specific consent to any and all such diagnosis or treatment deemed advisable. This authorization shall remain effective unless revoked by you.

I, the undersigned, being the parent/guardian of the aforementioned, have read and understand the above. I will keep you updated on any changes on child's release form. This medical release will be kept on file at Pinedale Christian Church to use for any future activities and/or trips.

(Signature of parent or guardian)

(Date)