

ABBA'S PEARLS

Crossroads Christian Church
1050 Girdle Road ■ East Aurora, NY 14052
716.652.7356 ■ www.eacrossroads.com

MEDICAL RELEASE FORM

Name

Birth Date

Address

Please complete either A or B

A. To the best of my knowledge, my child _____ is free from any medical problems which could cause difficulties during the regular meetings or outings and/or special activities. (Medical problems include allergies.)

B. My child _____ has a medical or emotional condition as outlined below, which might cause a problem during the regular meetings or outings and/or special events. (Medical and emotional conditions include such things as allergies, car sickness, fear of various situations, special concerns, etc.) I hereby direct the Leaders in charge of the meeting/activity to handle the problem or situation in accordance with my written directions in case of emergency.

Signed (Parent or Guardian)

Signed (Parent or Guardian)

Family Medical Insurance Carrier/Company

Medical Insurance Policy Number

Pediatrician Name

Pediatrician Address

Please list all known allergies, medical conditions and emotional concerns:

My child is taking the following medication(s) which should be reported to the doctor in case of emergency:

Pediatrician Phone Number

Emergency Contact (Name and Phone)

Emergency Contact (Name and Phone)

I, _____ (Parent or Guardian), give my permission for _____ (Name of Minor) to participate with other girls, leaders, helpers and chaperones from Abba's Pearls and Crossroads Christian Church of East Aurora at the weekly meetings and all other events, both on and off the premises at 1050 Girdle Road, East Aurora, New York.

In the unlikely event of an emergency, I give my permission for _____ (Name of Minor) to be treated by an accredited physician in an approved emergency clinic or hospital. I therefore designate officers, leadership and any adult chaperones for the group with the authority to act on my behalf and order appropriate treatment. I further release from any liability, Abba's Pearls volunteers and Crossroads Christian Church of East Aurora and its officers, leadership and chaperones in the event of any accident or mishap en route, during, after and/or returning from activities of Abba's Pearls and Crossroads Christian Church.

Signed (Parent or Guardian) _____ Date _____

Phone Number (Home) _____ Phone Number (Cell) _____