

2018 DNOW Medical Release Form

1. PRIMARY CONTACT INFORMATION

Name of Student: _____	Date of Birth: _____	Age: _____
Name of School: _____	Grade: _____	
Name of Parent/Guardian/Primary Contact: _____		
Mailing Address: _____		
City: _____	State: _____	Zip Code: _____

Home Phone: _____	Cell Phone: _____	Work Phone _____
Email address you check frequently: _____		
Best way to contact you? (circle one) Home Phone Cell Phone Email		

2. EMERGENCY CONTACTS (if unable to reach parents/guardians)

First Contact's Name: _____ Relationship: _____

Home Phone: ____ - ____ - ____ Work/Cell Phone: ____ - ____ - ____ ext ____

Second Contact's Name: _____ Relationship: _____

Home Phone: ____ - ____ - ____ Work/Cell Phone: ____ - ____ - ____ ext ____

3. SAFETY INFORMATION (please list all known conditions)

Does your student have any medical conditions, allergies, or special needs the staff should know about?

Is your student taking any medications to treat these conditions?

4. MEDICAL RELEASE

I hereby give permission to _____ (Church Name) and its agents the authority to seek medical assistance for my child, _____, should it become necessary. I understand that my insurance and I will be responsible for expense involved in any medical care that is deemed necessary.

(Signature of Parent & Guardian)

(Date)