

Medical Release Statement

TO: Any military, government, public or private hospital and doctors

RE: _____

(Name of Child)

I, hereby, authorize the performance of any medical or surgical procedures under local or general anesthesia which may be advised by the attending physicians or my child while patient of any U.S. or Canadian hospital. Furthermore, I respectfully request the use of any of the hospital's services or facilities which may be regarded as necessary or beneficial in the performance of said procedure.

I agree to hold the hospital and doctors harmless from any liability in the treatment or admissions of my above name child.

Let this, by my authority, allow you, a doctor, to treat and admit my child, until I am able to arrive at your hospital and formally sign the necessary papers. It is understood that this authorization is given in advance of any specific diagnosis or emergency treatment being rendered.

I, hereby, also consent to my child's activity at _____. I indemnify, defend and hold harmless Detroit Bible Quizzing and its representatives from all claims made and liabilities assessed against them as a result of the registrant's activities. If my child's behavior is deemed detrimental to the group by the leaders, I will cover all costs of sending him/her home.

My child is allergic to: _____

Chronic Illnesses: _____

Drugs currently being taken: _____

when: _____

Child is permitted to take Tylenol for headache: Yes _____ No _____

Child is permitted to take _____ for fever.

Child is permitted to take _____ for cold and flu symptoms.

Is child subject to motion sickness? Yes _____ No _____

If yes, what medicine may child take? _____

Family Physician: _____ Phone: _____

Hospitalization Carrier Name: _____

Policy Number: _____

Sworn and subscribed to before me at _____, this _____ day of _____, 20_____.

Notary Public: _____

Parent or Legal Guardian: _____