

**Liberty Evangelical Free Church
MEDICAL PERMISSION FORM**



Name of Child or Adult Participant (please print) _____

Parent(s) or legal guardian(s) of child participant _____

Address _____ City _____ State _____

Home Phone _____ Email address: _____

Cell Phone _____ Cell Phone _____ Do you text? Yes or No

Birth Date _____ Age of Child _____ Academic Grade _____ School _____

Health Insurance Information:

Insurance Company _____	
Policy Number: _____	Phone Number: _____
Medical Doctor: _____	Phone Number: _____

Emergency Contacts (names of persons and phone number to call in case of emergency):

Name	Relationship	Home Phone	Cell Phone

Medical History (special needs or concerns such as allergies, medications, dietary needs, etc.)

Year of most recent **Tetanus Shot** _____

Other Information (information the leaders should know about the child or adult participant)

**** If the above information changes, please contact the church office - 628-1980**

First Aid and Emergency Medical Treatment

I recognize that there may be occasions where the child named above or I, if I am a participant, may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for workers of Liberty Evangelical Free Church, Pella, Iowa, to seek and secure any needed medical attention or treatment for the child named above or me, if I am a participant, including hospitalization, if in the worker's opinion such need arises. In doing so, I agree to pay all fees and costs arising from this action to obtain medical treatment.

I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and again, I agree to pay for the medical treatment.

Signature of Parent or Legal Guardian or Adult Participant _____ Date _____