

MEDICAL RELEASE FORM

Medford United Methodist Church
2 Hartford Road, Medford NJ 08055 ♦ 609-654-8111

I, _____ authorize the adult supervisors of the B1 Event,
(participant)

if I am unable to do so, to consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment and/or hospital care rendered to me under the general or specific supervision and on the advice of any physician or surgeon licensed to practice medicine by the state or country in which they practice, during the youth event "B1."

Signature _____ Date _____

Parent/Guardian Signature _____ Date _____
(Required if participant is under the age of 18 years.)

Medical Information

Please include a photocopy of your insurance card along with the information on this form.

Name _____ Date of Birth _____

Physician's Name/Phone # _____

Health Insurance Company Name _____ Policy # _____

Supplemental Health Insurance Co. (if any) _____ Policy # _____

Insurance Contact & Phone # _____

Emergency Contact _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____