



Medical Release Form

In the event of a medical emergency, I give Mark Adams, or other authorized adult from Old Hickory Church of Christ permission to obtain medical treatment for my child/children.

_____	____/____/____	_____
Child #1	Date of Birth	Social Security #
_____	____/____/____	_____
Child #2	Date of Birth	Social Security #
_____	____/____/____	_____
Child #3	Date of Birth	Social Security #

Parent's Signature: _____

Allergies, Foods, Medications: Child #1 _____

Child #2 _____

Child #3 _____

Insurance Company: _____

Insurance Policy #: _____

Policy Holder's Name: _____

Emergency Contact:

Name _____

Phone _____

This form is effective January 1, 2010 through December 31, 2010