

Insert Church Deadlines

Policy Holder _____

Policy Number _____

In case of Emergency, contact _____

Phone _____

Medical Release	Yes	No
Heart Trouble	<input type="checkbox"/>	<input type="checkbox"/>
Lung Trouble	<input type="checkbox"/>	<input type="checkbox"/>
Skin Trouble	<input type="checkbox"/>	<input type="checkbox"/>
Ear Trouble	<input type="checkbox"/>	<input type="checkbox"/>
Sinus Infection	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Allergies (Please Name)	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Permission to Swim	<input type="checkbox"/>	<input type="checkbox"/>
Date of last Tetanus Shot _____ / _____ / _____		
Other: _____		
As a parent or guardian, I hereby authorize any hospital emergency staffed physician to administer any needed treatment and to do any procedure which in their judgement may be necessary.		
Signature _____ Date _____ / _____ / _____		
Medial Insurance Coverage with: (Make sure your covers water activities)		

