

Royal Rangers
Parental Consent and Medical Authorization Release
2008

GENERAL INFORMATION (please print clearly)

Date _____

Child's Name _____ Birthdate _____

Nickname (if applicable) _____ School Grade _____ Age _____

Address _____ City _____ Zip Code _____

Home Phone () _____ Beeper () _____ Cell Phone () _____

Fathers Name _____ Work Phone () _____

Mothers Name _____ Work Phone () _____

Is there anyone your child should not be released to? Name(s) _____

MEDICAL INFORMATION

Physician's Name _____ Phone () _____

Insurance Carrier _____ Policy # _____ ID # _____

Is your child presently being treated for an injury and/or sickness or taking any form of medication? What ?

Please complete the following information that applies to your child:

Heart Trouble _____ Allergies _____

Skin Trouble _____ Dizziness _____

Diabetes _____ Asthma _____

Other? Explain _____

MEDICAL TREATMENT AUTHORIZATION

I confirm that all answers on this form are correct and I hereby grant permission for emergency medical treatment for my child in case of emergency or accident. I understand that South Brunswick Abundant Life Christian Center and the Royal Rangers of South Brunswick Abundant Life Christian Center will not be responsible for the medical expenses incurred solely on the basis of this authorization.

Signature of Parent/Guardian

Date