## **Medical Release Form for all CIA participants**

MUST be completed and returned to Bethany office by Monday, June 17<sup>th</sup>, 2019

Child's Name:		Male	Female
Age: Date of Birth:		Grade going into:	
If currently under doctor's care, please		er: 	
Are there any special medical concerns If Yes, please list concerns and/or med	ications?		
Medical Insurance Company:	!	Insurance Co. Phone:	
Name of insured parent:	Poli	icy #:	
Address:		Zip:	
Parent name:	Phone home:	Cell: _	
This p	Emergency Contacterson will be called if we cannot re		
Name: (non-parent):		Relationship:	
Phone:			
This form is taken with	n us on all off-sight trips so some i Thank you for your understar	-	redundant.
Release/Proof: I will not hold Bethany injury or ess during my child's participa In the case of injury, I will be responsible I authorize Bethany Lutheran church to any other means. Bethany Lutheran church is event. In addition, I give Bethany Luth provided by Bethany Lutheran church a enroot, during, and returning from all Coprovisions and release Bethany Luther	ation in events held at Bethany Lurole for payment in full including more seek medical attention for my charch hereby has the authority to so not responsible for personal item eran Church permission for my chand its CIA Camp or VBS counselog CIA Camp projects. By signing this	theran Church, 2710 S edical or other expens hild including transport arrange for/provide/s his that are lost, stolen, hild to travel off-campurs from any liability in	laughter Lane, Austin, TX. Les. In case of emergency, ting the child by EMS or eek medical care for my to broken during the lus in transportation the event of an accident
Parent or Guardian Signature	<del></del>	 Date	