

# MEDICAL RELEASE FORM

I (we), the undersigned parent(s) or guardians of \_\_\_\_\_, a minor, do hereby authorize adult volunteers of **Maple Park Church** as agent(s) for the undersigned, to consent to any medical or surgical care deemed advisable by any accredited physician or surgeon in an approved emergency clinic or hospital. I further release from any liability **Maple Park Church**, any of it's ministries or leaders, in the event of an accident en route, during and returning from the above mentioned event. This agreement does not apply to claims for intentional misconduct or gross negligence.

Date signed: \_\_\_\_\_

Parent/Legal Guardian (please print): \_\_\_\_\_

Parent/Legal Guardian (sign): \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Emergency phone: (\_\_\_\_\_) \_\_\_\_\_

If Parent/Legal Guardian is not available in an emergency, please contact:

Name: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Please list any allergies (include medications, food, etc): \_\_\_\_\_

Does your child have any medical or special needs (including medications currently being used)?

Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_ Date of birth: \_\_\_\_\_

**MAPLE PARK CHURCH** 17620 60th Ave W, Lynnwood, WA 98037 | 425-743-2288 | <http://maplepark.church>  
we exist to glorify God as a visible expression of the risen Christ