

Mount Pleasant Community Church

1400 W. Broomfield, Mt Pleasant, MI 48858 – Phone 989.773.3641 – Fax 989.779.9901

Medical Release Form

Updated: 2 September 2006

Emergency Contact and Medical Information

_____ Youth's Name	_____ Date of Birth	M	F
		Sex	
_____ Parent's/Guardian's Name	_____ Parent's/Guardian's Name		
() _____ Home Phone	() _____ Work / Cell Phone	() _____ Home Phone	() _____ Work / Cell Phone
_____ Address	_____ City, St, ZIP		

Insurance Information

_____ Company	_____ Group or Employer
_____ Member Name	_____ Policy Number

Medical Information

_____ Allergies/Special Health Considerations	_____ Medications / Dosage
_____ Physician's Name	_____ Phone Number

1. In the event of an emergency, I, the undersigned, hereby appoint the adult leaders of Mt. Pleasant Community Church each to act alone, and delegate to each such person the power to consent on my behalf to all emergency treatment and/or medical care (except elective surgery) of: _____ (student name) determined to be necessary or desirable by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state/province where the services are rendered, either at a doctor's office or hospital

2. The Power of Attorney shall continue until revoked by the undersigned, or for twelve (12) months after its date, whichever is earlier. Physicians or the hospital staff may assume and rely that this authorization is currently in effect during such twelve month period unless notified.

3. The undersigned certifies that he/she has read the Power of Attorney (or had it read to them), and that he/she understands this Power of Attorney.

_____ Parent's/Guardian's Signature	_____ Date
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I give permission for my child to go on trips. I release Mount Pleasant Community Church (MPCC) and individuals from liability in case of accident during activities related to MPCC, as long as normal safety procedures have been taken.

_____ Parent's/Guardian's Signature	_____ Date
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_____ Witness Signature	_____ Date
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