

MED NEEDS?



2023 W. 12th Avenue, Emporia, KS 66801-5970
Phone (620) 342-8830 or FAX (620) 341-9647

2008-2009 TABC
MEDICAL RELEASE FORM

Name Address
Age Grade School City Zip
Birth Date Phone Cell Phone

PARENT INFO
Parent/Guardian Name(s)
Address (if different) Employed by
Phone #'s where I can be reached (home) (work) (cell)
If I cannot be reached, please notify
Phone #'s for this contact (home) (work) (cell)

MEDICAL AUTHORIZATION: In the event of an emergency, I hereby give permission to the church-appointed sponsors who are with my child to obtain medical assistance for my child. I also give permission to the physician selected to hospitalize and secure proper treatment for my child. I understand that reasonable attempts will be made to contact me right away.

MUST SIGN IN PRESENCE OF NOTARY PUBLIC

Parent/Guardian Signature
Today's Date

MEDICAL INFORMATION
Name of Physician City State Phone
Is he/she currently taking any medication or treatment?
Has he/she been restricted from sports or swimming for any reason?
Has he/she ever had a severe reaction to a bee or hornet sting, or insect bite?
Date of last Tetanus Toxoid immunization: Month Year
Check if he/she has: Sinus Trouble Hay Fever Heart Trouble Epilepsy Asthma Diabetes
Other: Please describe
List any allergies: Drugs: Food:
Other medical needs:
Insurance Company Insured's name
Mailing Address to submit claims: (City,State,Zip)
Policy Number Insured's S. S.

NOTARY ACKNOWLEDGEMENT:

State of Kansas, County of Lyon, SS:
BE IT REMEMBERED, that on this day of, before me, the undersigned, a notary public in and for the county and state aforesaid, personally appeared, who is personally known to me to be the same person who signed the above Medical Release and Emergency Medical Authorization, and such person duly acknowledged the execution of the same as his/her free and voluntary act and deed for the uses and purposes set forth therein.
IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year last above written.

Notary Public
My Appointment Expires