

SARATOGA FEDERATED CHURCH

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

**Insurance and Medical Release Form**

ALL INFORMATION IS REQUIRED. PLEASE CAREFULLY FILL OUT COMPLETELY.

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Mother's Home Phone: \_\_\_\_\_ Father's Home Phone: \_\_\_\_\_

Mother's Cell Phone: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_

Mother's Work Phone: \_\_\_\_\_ Father's Work Phone: \_\_\_\_\_

**MEDICAL INFORMATION**

Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Child: \_\_\_\_\_

Last Tetanus Shot: \_\_\_\_\_ Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Child: \_\_\_\_\_

Last Tetanus Shot: \_\_\_\_\_ Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Child: \_\_\_\_\_

Last Tetanus Shot: \_\_\_\_\_ Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Child: \_\_\_\_\_

Last Tetanus Shot: \_\_\_\_\_ Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

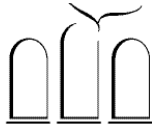
**MEDICAL AUTHORIZATION**

California Civil Code 25.8 provides that a parent/guardian may authorize an adult into whose custody a child is entrusted to consent to necessary medical treatment. Pursuant to these provisions, I, the undersigned, do hereby authorize Saratoga Federated Church to procure medical or hospital care for the above named child(ren) in the event of injury or illness while the child is participating in VBS, June 14 through 18, 2010. It is understood that this authorization is given in advance of any specific care required but is given to provide consent to diagnosis, treatment or hospital care which a physician may in the exercise of his/her best judgment deem advisable. The undersigned will assume financial responsibility for any care so procured.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CONTINUED ON REVERSE**



SARATOGA FEDERATED CHURCH

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

**Insurance and Medical Release Form continued**

IN CASE OF EMERGENCY:

Alternate Contact [other than parent]: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Alternate Contact [other than parent]: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Pick-Up and Transportation Authorization Form**

I give permission to Saratoga Federated Church to release my child to:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

who is authorized to pick up my child from VBS at the end of the daily activities.

Print Your Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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