MEDICAL RELEASE / HISTORY

Heart-Song Fellowship
221 Malone, Branson, MO 65616 (417) 336-3077

Name:

I/We, the undersigned, parent(s) or legal guardians of ______________________________, a minor, authorize Heart-Song Fellowship as agent for the undersigned, in the event of an emergency or non-emergency situation requiring medical treatment for any and all medical and/or dental attention to be administered to my child, until such time as I can be contacted. This permission includes, but is not limited to, the administration of first aid, the use of an ambulance, and medical procedures such as X-ray examination, anesthetic, medical or surgical diagnosis, or treatment and hospital care or service which is deemed advisable and is to be rendered to said minor, under the general or specific supervision of any licensed physician, surgeon, or the medical staff of a licensed hospital. I expect to be contacted as soon as possible in the event treatment is needed. I agree to pay for any and all medical expenses incurred as a result of the use of this consent.

Home Address ______________________________ Birth Date of minor ________________

City, State Zip ______________________________ Home Phone ________________

I have read and understand this permission form and understand that Heart-Song leaders and volunteers are released from liability as a result of any injury or damages from my child's participation in Heart-Song activities.

Parent/Legal Guardian's Signature ______________________ Date________ Em. Phone________________

Witness Signature ______________________________ Date______________________

Witness Address (City, State, Zip)______________________________________

Neighbor or Relative to contact in emergency:

Name ____________________ Relationship ________________ Phone ________________

Medical Information

Doctor's Name ______________________________ Phone ________________

Primary Medical Insurance Company ______________________ ID# ________________

Policy Holder's Name ____________________ Group/Policy Number ________________

Policy Holder's Address______________________ Relationship to Child ________________

Medications currently being taken regularly: Heart-Song leaders will hold in safe keeping and dispense any medications needed by your child according to the instruction below.

Medication (Names)	Medication (Doses)	Times to Dispense	Reason for Medication

Should the Heart-Song leaders assess that my child would likely benefit from receiving an over-the-counter medication for something such as a headache, sore throat, upset stomach . . .

[ ] I give them permission to administer such medication using their judgment.

[ ] I ask them to call me by cell phone to discuss the situation and receive my instructions at that time.

Allergies (include allergies to any medicines or food) ______________________________

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Medical Disorders____

______________________________ Date of Last Tetanus Shot________________

Special Instructions ____

______________________________ (Add an additional sheet if more information is necessary)

[ ] Check here if a CHILD RESTRAINT SYSTEM (booster seat) is required for your child.