

**EAST LINCOLN ALLIANCE CHURCH
GENERAL ACTIVITY AUTHORIZATION AND
MEDICAL RELEASE FORM**

AUTHORIZATION

I hereby give permission for my child, _____ to participate in the events and activities of *East Lincoln Alliance Church*.

I hereby release and indemnify *East Lincoln Alliance Church*, it's staff, volunteers and the C&MA from any and all liability arising from claims of any kind or nature whatsoever from my child's participation in these events.

MEDICAL PERMISSION

I grant permission for the administration of first aid to: (fill in child's name) _____ by the individuals in charge of *East Lincoln Alliance Church*, as their judgment deems advisable, and to make the necessary referrals to qualified physicians for treatment of illness or accidents of a more serious nature. I understand that I will be promptly notified in the event of any serious illness or accident and prior to any major surgery, except when delay in such communication would endanger life. In case of medical emergency, I understand that every effort will be made to contact the parents/guardian of the participant. In the event I cannot be reached I hereby give permission to the physician selected by the adult staff to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery, if deemed as necessary for my child.

Signature of Parent/Guardian Date

Address, City, State, and Zip

Phone Number Emergency Phone Number

Authorized Physician Phone

Health Insurance Provider

Policy is under this person's name Policy Number

Medical needs, allergies, or medications?

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