

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: _____

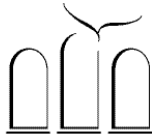
MEDICAL AUTHORIZATION

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 20 through 24, 2011. 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: _____