

MEDICAL RELEASE FORM

I, _____, am the parent or legal guardian of _____, hereinafter, "my child," who was born on _____. My child is attending and participating in activities with Virginia Beach Community Chapel (hereinafter, "church"), located at 1261 Laskin Road, Virginia Beach, Virginia 23451. I hereby authorize the pastor and his officers, agents, servants, or employees who are 18 years of age or older, who supervise the activities of this church into whose care my child has been entrusted, to consent to medical care or dental care, or both, for my child. The authority granted by this authorization includes the authority to consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child. This authority also extends to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child. I further authorize the pastor and his officers, who supervise the activities at the church to receive physical custody of my child, upon completion of any treatment, and I specifically instruct any treating health facility to surrender physical custody of my child to the pastor and his officers, who supervise the activities at this church. It is understood that this authorization is given in advance of any special diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of the supervisor and his authorized designee, in the exercise his/her best judgment on what is advisable for my child's care, upon advice of such physician, dentist, and surgeon. This authorization is effective for the _____ calendar year.

Signature of parent or legal guardian

Date

Name of Parent /Guardian

Work phone

Home phone

Address

City

State

Zip

Medical /Health Insurance Company

Insurance Policy No.

In case of emergency, notify

Relationship to minor

Allergies / allergic reaction of my child

Medicine being taken by my child

Other information regarding my child's health that a doctor should know

PLEASE ATTACH A COPY OF YOUR MEDICAL CARD BOTH FRONT AND BACK