

**Wheatland Christian Church Authorization/Medical Release Form**

\_\_\_\_\_ has permission to attend \_\_\_\_\_  
with Wheatland Christian Church on \_\_\_\_\_. I understand the cost is \$ \_\_\_\_\_.  
The group will leave from \_\_\_\_\_ at \_\_\_\_\_ A.M. /P.M. and will return  
to \_\_\_\_\_ by \_\_\_\_\_ A.M. / P.M.

Medical Information of above person: Allergies \_\_\_\_\_  
Date of last Tetanus booster \_\_\_\_\_ Special Medication, medical disorders and instructions:  
\_\_\_\_\_

I understand that in the event of an emergency, every effort will be made to contact the child's family. I give my permission for my child to receive medical treatment in an emergency. I will take full responsibility for the medical bill. I understand this signed medical release pertains only to events officially sponsored by Wheatland Christian Church.

Contact # 1 & Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Contact #2 & Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Name of Family Physician \_\_\_\_\_ Phone \_\_\_\_\_  
Name of Medical Insurance Company and Policy Number: \_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

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