

# Medical Release

I hereby authorize and give the staff and leaders of Healing Place Church permission or consent for any medical treatment deemed necessary while on this HPC Excursions event, \_\_\_\_\_, 2005

\_\_\_\_\_ myself \_\_\_\_\_ and/ or  
\_\_\_\_\_ my child/ children \_\_\_\_\_

I also release Healing Place Church and its staff and leaders from responsibility of injuries acquired to myself and/ or my child/ children listed above while on this event.

I understand and agree that I am responsible for the whereabouts of my child/children at all times.

\_\_\_\_\_  
Date          Self/ Parent/ Guardian (circle one)

Home phone \_\_\_\_\_ Insurance \_\_\_\_\_

Work phone \_\_\_\_\_ Policy # \_\_\_\_\_

Cell phone \_\_\_\_\_ Group # \_\_\_\_\_

Any known allergies: \_\_\_\_\_

Medications/ Name and Dosage: \_\_\_\_\_

## *EMERGENCY CONTACT INFORMATION:*

Name of person to contact \_\_\_\_\_

Phone numbers \_\_\_\_\_