



Medical Release

Name Of Student: _____

Street Address _____ City _____ Zip _____

Current Grade _____ Date of Birth _____

I give permission for my child to participate in all activities that the Wabash Friends Church Student Program offer either on or off church grounds. I will not hold the church, paid staff or other adults in charge responsible for any illness or injury to my child while participating in any Student Ministry activity. I also give my permission for the leaders to seek emergency help for my child in the event I cannot be contacted. I am responsible for any medical expenses.

Signed: _____ Date: _____
(parent or legal guardian)

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____

Other Pertinent Contact Information:

Emergency Contacts:

1. Name: _____ Relationship: _____

Day Phone (____) _____ Night Phone (____) _____

2. Name: _____ Relationship: _____

Day Phone (____) _____ Night Phone (____) _____

Medical Insurance Co. _____

Policy #: _____

Primary Care Physician:

Street Address _____ City _____

State _____ Zip _____

Telephone Number (____) _____

Special Medical Conditions--Allergies, chronic illness, or other conditions:

Current Medications:

Any other information (special needs, concerns):

Wabash Friends Church: 3563 S State Rd 13, Wabash, IN 46992.

Youth Pastor: Brandon Eaton

Email: brandon@wabashfriends.org

Phone: 260.563.8452