

**Creekside Covenant Church
Medical Release Form**

Event: Parents' Night Out at Creekside Covenant Church

Date: October 18, 2024

Child's Full Name: _____

Date of Birth: _____

Parent/Guardian Name: _____

Emergency Contact #1 Name: _____

Relationship to Child: _____

Phone #: _____

Child's Physician: _____

Phone #: _____

Medical Information:

Please list any allergies, medical conditions, or special needs that we should be aware of:

****Current Medications:**** (if any)

Insurance Information:

Insurance Provider: _____

Policy #: _____

****Consent for Medical Treatment:**

In the event of a medical emergency, I, the undersigned parent/guardian of the child named above, authorize the staff and volunteers of Creekside Covenant Church to obtain necessary medical treatment for my child. I understand that every effort will be made to contact me or the emergency contacts listed above before any action is taken, but if I cannot be reached, I authorize Creekside Covenant Church to act on my behalf.

Additional Information/Instructions:

Signature of Parent/Guardian: _____

Date: _____

****Please ensure that all sections are completed accurately and thoroughly. This form should be submitted before the event begins, preferably at check-in, to ensure the safety and well-being of your child during the Parents' Night Out event.**