

Wright Community Congregational Church

Medical Release

Name _____

Address _____

Phone _____

Person to Notify in case of Emergency _____

Relationship _____

Phone _____

In the event of an emergency where medical treatment is required I give my permission to the church staff or sponsor to obtain the services of a licensed physician. Please attempt to notify me immediately concerning any such emergency.

Special Health Concerns _____

Medical Insurance Company _____

Policy Number _____

Group Number _____

Signed X _____

Dated _____

Printed name _____