

**Believe
Tulsa, OK**



**February 3-4
2012**

Medical Release & Consent

As the parent/legal guardian of _____
(son/daughter's full legal name)

I authorize Brian Price, Youth Pastor, to act on my behalf and approve appropriate medical treatment should an emergency arise and medical treatment is necessary. For such treatment, I give permission for my child to be treated by the nearest doctor or emergency center. I give permission for my son/daughter to go to the Believe Conference in Tulsa, OK with the group from Freedom Church. I also release from any liability Freedom Church and any adult sponsor in case of accident, injury, or death going to, during, and returning from their trip to the event, February 3-4, 2012.

Date _____

Parent/Legal Guardian signature _____

Parent/Legal Guardian printed name _____

Please fill out the questions below.

Insurance Company _____

Insurance Policy # _____

Insurance Group # if applicable _____

Does your son/daughter take any medications regularly? _____

If yes, what medication? _____

Does your son/daughter have any special medical needs? _____

If yes, please explain. _____

Is your son/daughter allergic to any medications? _____

If yes, which medications? _____

Is there any additional information we should be aware of for your son/daughter? _____

For emergency contact purposes, circle the best of the three numbers to use.

Your home phone: _____ work: _____ cell: _____

In case of emergency, who should be contacted? _____

What is their relationship to you? _____

What is their home/work/cell number? _____