

Medical Release Form

Joplin District Empower 2009
Sports Competition Event
March 13-14, 2009

Authorization for Emergency Medical Treatment

I, _____ of _____, _____, am the legal guardian of
(Name of Parent or Guardian) (City) (State)

_____, of whom I have full custody and control, who will be attending Joplin
(Full Name of Participant)

District Empower at Springfield, MO.

I consent to any necessary medical and/or dental treatment, including the decision for hospitalization, and if necessary, surgery, hereby authorizing the Joplin District Nazarene Youth International, or James Keezer, or other assigned director of Joplin District NYI to secure the necessary medical or dental treatment for said minor and to receive any necessary assistance.

The following information is given to said child's medical history:

Allergies: _____

Medications being taken: _____

Date of last tetanus shot: _____

Physical Impairments: _____

Other pertinent facts to which physicians should be alerted: _____

Insurance Company: _____

Policy Number: _____

Dated this _____ day of _____, 2007 by _____.
(Day) (Month) (Printed Name of Parent or Guardian)

Signature of Parent or Guardian: _____