

# Medical Release Statement

**TO:** Any military, government, public or private hospital and doctors

**RE:** \_\_\_\_\_  
(Name of Child)

I, hereby, authorize the performance of any medical or surgical procedures under local or general anesthesia which may be advised by the attending physicians or my child while patient of any U.S. or Canadian hospital. Furthermore, I respectfully request the use of any of the hospital's services or facilities which may be regarded as necessary or beneficial in the performance of said procedure.

I agree to hold the hospital and doctors harmless from any liability in the treatment or admissions of my above name child.

Let this, by my authority, allow you, a doctor, to treat and admit my child, until I am able to arrive at your hospital and formally sign the necessary papers. It is understood that this authorization is given in advance of any specific diagnosis or emergency treatment being rendered.

I, hereby, also consent to my child's activity at \_\_\_\_\_. I indemnify, defend and hold harmless Detroit Bible Quizzing and its representatives from all claims made and liabilities assessed against them as a result of the registrant's activities. If my child's behavior is deemed detrimental to the group by the leaders, I, as a parent, will cover all costs of sending him/her home.

My child is allergic to: \_\_\_\_\_

Chronic Illnesses: \_\_\_\_\_

Medications currently being taken: \_\_\_\_\_

when: \_\_\_\_\_

Child is permitted to take Tylenol for headache: Yes \_\_\_\_\_ No \_\_\_\_\_

Child is permitted to take \_\_\_\_\_ for fever.

Child is permitted to take \_\_\_\_\_ for cold and flu symptoms.

Is child subject to motion sickness? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what medicine may child take? \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospitalization Carrier Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Parent or Legal Guardian Signature: \_\_\_\_\_

*By signing this form, I consent to incur any of the costs associated with sending my child home from the above event if he or she does anything deemed detrimental to the group by the adult leaders at the event.*

Sworn and subscribed to before me at \_\_\_\_\_,

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public: \_\_\_\_\_

County of: \_\_\_\_\_ State of: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_