



ST. ATHANASIUS ANTIOCHIAN ORTHODOX CHURCH

**MEDICAL RELEASE FORM
for a minor**

Student's Name: _____

Date of birth: _____

Place of birth: _____

Address: _____
(street) (city) (state) (zip)

Parent phone: (cell) _____ (work) _____

Person to contact if parent cannot be reached:

Name: _____ Phone: _____

I, _____, hereby authorize the participation of my child,
_____, in all activities during the St. Athanasius
_____ program taking place (dates) _____.

I give my permission for the staff to make decisions regarding treatment in the case of a medical emergency.

Signed: _____ Date: _____
(parent or legal guardian)

Special medical disorders, allergies, medications, instructions/dosages:

Allergies:

Date of last Tetanus shot: _____ Family Physician or Medical Group: _____

Insurance Carrier: _____ Policy/Group Numbers:

Name of insured: _____ Employer: _____

___ Attached is a copy of insurance card