

## Medical Release/Consent Form for Minors

I, \_\_\_\_\_, certify that I am the parent or legal guardian of the minor listed below, and as such, I hereby convey temporary authority to Victorious Kingdom Living Christian Church and its designated agents, representatives, members, staff, personnel, or volunteers for the sole purpose of obtaining or arranging any emergency medical care for the minor as may be deemed necessary for the well-being of my child when not accompanied by a parent/legal guardian or should either parent/legal guardian be unreachable by telephone.

**THEREFORE**, I hereby approve and empower Victorious Kingdom Living Christian Church and its designated agents, representatives, members, staff, personnel, or volunteers to arrange and/or consent for any and all emergency medical care and treatment of my child in my absence. I release and forever discharge Victorious Kingdom Living Christian Church and/or its designated agents, representatives, members, staff, personnel, volunteers from any and all claims, liability, demands, causes and possible causes of action due to damage, loss illness, injury (including death) that may be sustained by my child in the course of receiving medical care and consequences that may arise as a result of any treatment.

I acknowledge that Victorious Kingdom Living Christian Church and its designated agents, representatives, members, staff, personnel, or volunteers will not be responsible for any expense occurred for any medical care or treatment provided to my child. I am responsible for all charges, expenses, and bills in connection with any medical care and treatment rendered. I, the undersigned, have read this form and certify that I understand its contents.

\_\_\_\_\_  
(Signature of Parent/Legal Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Name of Parent/Legal Guardian)

\_\_\_\_\_  
(Relationship to minor)

\_\_\_\_\_  
(Home/Work Number)

\_\_\_\_\_  
(Cell Number)

**Minor Personal and Emergency Medical Information:**

Minor Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Authorized Emergency Contact Name: \_\_\_\_\_

Relationship to Minor: \_\_\_\_\_

Emergency Contact Address: \_\_\_\_\_

Emergency Contact Phone Number(s): \_\_\_\_\_

Drug Allergies: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Does the minor have Asthma? \_\_\_\_\_ \*If yes, be sure the minor has in his/her possession a prescribed rescue inhaler.\*

Current Medications: \_\_\_\_\_

**Health Insurance Information:**

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_