

## Medical Release Form MBC

Student Name:

Grade:

DOB:

School:

Parent or Guardian Name(s):

Parent Email:

Address:

Best Contact Number:

Allergies / Sensitivities ?:

Allergies - food, medication, environmental, or anything else we need to know.:

Emergency Contact phone #1:

Emergency Contact phone #2:

In the event that an emergency happens and we can not reach parent/legal guardian, please list another responsible adult we could call and provide a phone number.:

Phone Number:

Emergency contact relationship to student:

Health Insurance Company & Responsible Party:

Policy #:

Group #:

Doctor's Name:

Preferred Hospital:

Immunizations up to date?:

Date of last Tetanus vaccination:

Medications taken on a regular basis:

Medical Consent (if individual is under 18 years of age): I hereby state that the above information is true and correct. I understand that in the event of an emergency with my child, every effort will be made by adult sponsors of the Student Ministry of MBC to notify me. If they are unable to reach me/emergency contact listed above, I authorize same responsible adults to authorize any necessary medical treatment for my child.:

Document ID: 38f8c9ad9b36f1a6c9fc4a4ee07a04eeb6c1f015

Generated on: February 23, 2022

Signed On: <https://midlothianbible.com/>

X

---



# Signature Certificate

Document name: Medical Release Form MBC

Unique Document ID: 38F8C9AD9B36F1A6C9FC4A4EE07A04EEB6C1F015

LEGALLY SIGNED USING  
**WP**signature  
Build. Track. Sign Contracts.

## Timestamp

February 23, 2022 10:48 am  
CST

## Audit

Medical Release Form MBC Uploaded by Sherri Hatcher  
- formsmbc@midlothianbible.org IP 12.14.174.178



This audit trail report provides a detailed record of the online activity and events recorded for this contract.

Page 3 of 3