

Dear parents,

Every year I would like to ask for medical information from you only ONCE. Below is a medical form that I will keep on file for one year from the date signed. I will attempt to cycle a new sheet every summer prior to camp. As I said I will keep this information on file for one year and please inform me if the information changes before then.

Thank you,
Tim Mascara
704-562-7402

Medical Release Form:

Name _____
Parent's Name _____
Address _____
Home Phone _____ Cell Phone _____
Student's Birthday _____ Age _____
Email Address _____

Name of Physician _____
Insurance Company _____
Company Address _____
Policy Number _____ Company Phone _____
Group number _____

IN CASE OF EMERGENCY PLEASE CONTACT:

Name _____
Address _____
Home Phone _____ Cell Phone _____ Work Phone _____

Please list any illnesses, allergies, or physical conditions (i.e. diabetes, dietary considerations, etc)

I hereby give STONEBRIDGE CHURCH COMMUNITY permission to administer the treatment of a physician in case of medical emergency. I also release Stonebridge Church Community from any liability or injury connected with this trip.

Parent's Signature _____ Date _____