

Name: _____

316 Octane Youth Ministries

Medical Release and Medical History Form

I/we, the undersigned parent(s) or legal guardian(s) of _____, a minor, do hereby authorize 316 Octane as agent for the undersigned to consent to any X-ray examination, anesthetic, medical or surgical diagnoses, or treatment and hospital care or service, which is deemed advisable and is to be rendered to said minor, under the general or specific supervision of any physician and surgeon licensed, or the medical staff of a licensed hospital, whether such diagnoses or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being rendered, but is given as specific consent to any and all such diagnosis, treatment, or hospital care, which the above mentioned physician in the exercise of his or her best judgment, may deem advisable to protect the life and health of said minor child.

This authorization is given and shall remain in effect from (date) _____, to January 1st, 2009 unless revoked in writing and delivered to said agents.

Father Signature _____ Work Phone _____
Mother Signature _____ Work Phone _____

EMERGENCY NUMBERS:

Alternate Phone number (Note type - work, cell, home, neighbor, etc.) (____) _____
Neighbor or relative to contact in emergency:

Name: _____ Phone Number: (____) _____

Doctor's Name: _____ Number: (____) _____

ADDRESS:

Your home phone (____) _____

Address: _____

City _____ Zip Code _____

INSURANCE INFO:

Policy Holder's Name: _____ Insurance Co. _____

Policy Number _____ Group Number _____

MEDICAL INFO:

Last Tetanus Shot: _____ Allergies: _____

Current Meds/Medical Disorders: _____

Special Instructions: _____