

McKinney Area Christian Homeschoolers (MARCh) Medical Release/Permission Form

Mother's Name:	Home Phone: Mobile Phone 1:
Father's Name:	Work Phone: Mobile Phone 2:
Physician's Name:	Phone #:
Health Coverage Company Name:	Policy#: Group#:

You may list up to eight children on one form.

Child's Name	Date of Birth	Medications
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

Please indicate below any allergies, physical limitations, or other relevant medical information:

Parent or Guardian: Please sign the release for emergency medical treatment in case we cannot reach you immediately: In the event I cannot be reached to give my consent, I, the undersigned parent/guardian of (please list each child's name) _____

Hereby authorize MARCh or its agents to consent for me to any x-ray, examination, anesthetic, medical or surgical diagnosis, treatment, or hospital care deemed necessary or advisable by a licensed physician. It is understood that this authorization is given in advance of any special diagnosis, treatment or hospital care being required, but it is given to provide authority and power on the part of MARCh or its agents to give specific consent to the diagnosis, treatment, or hospital care which in the best judgment of a licensed physician is deemed advisable.

(Signature of Parent or Guardian)
(Date)

STATEMENT OF RELEASE FROM LIABILITY

I will not hold MARCh, members of March, the MARCh board, leaders or volunteer of MARCh, any club of MARCh including the Chess and GEMS Clubs, or the current facility for any MARCh activity or meeting or any of the facility's staff or volunteers or members, responsible for harm or injury that may occur at any MARCh related function or activity, including any class, club, field trip or other MARCh coordinated activity. I understand that all reasonable precautions will be taken to keep my child/children safe.

(Signature of Parent or Guardian)
(Date)