



TEENS FOR CHRIST PO Box 920, Hudson, WI 54016
715-386-2549—www.teens4christ.com

Medical Release Form

TFC Function: 2017 Iowa Invitational, Waterloo, IA Feb. 24-25
TFC Function: 2017 Northern Regionals, Hudson WI. Mar. 24-25
TFC Function: 2017 BQ Nationals, Kansas City, MO Apr. 26-30

Participant's name (Please Print) _____ male female
(please circle one)

Date of Birth _____ Age _____

Address _____ City _____ State _____ Zip _____

Mother's Name _____ Father's Name _____

Home # _____

Home # _____

Work # _____

Work # _____

Cell # _____

Cell # _____

If parents or legal guardian can not be reached in an emergency, Please contact:

Name _____ Phone _____

Name _____ Phone _____

*In case of sickness or accident please complete the following as a precaution:

Your Hospital Insurance Company _____

Policy # _____ Group # _____

*(Please double check your numbers for accuracy)

I hereby give my permission to medical personnel with proper credentials to give emergency medical treatment and care to the above named program participant.

_____ Date _____

Must be signed by parent or legal guardian)

*Does the participant have any allergies to medicines, food, or bee stings, etc?

Does the participant have any medical conditions such as diabetes, asthma, heart problems, depression, ADD, ADHD, or any physical exercise limitations? (If yes, please explain)

*Name and exact dose of medications that your child is taking. Please state the reason for taking it. (For example: 20 mg. Zoloft taken every morning, for depression).

Name _____ has my permission to take the following over the counter medicines for the following reasons: YES NO

1. Tylenol or Ibuprofen for headaches, pain, or fever-
2. Benadryl, Calamine, or Caladryl lotions for insect bite/skin irritation-
3. Antacids (Tums or Pepto Bismal) for upset stomach-
4. Antibiotic cream such as Bacitracin for cuts and scrapes-

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
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