

Medical Release



I am the parent/legal guardian of _____ (print child's full name),
and I hereby authorize the following:

Maranatha Baptist University (MBU) may dispense over-the-counter medications as per standard medical practice. In case of medical emergency when I cannot be reached by telephone, I hereby authorize the staff of MBU to secure appropriate medical treatment such as X-ray examination, anesthetic, injection, medical or surgical diagnosis or treatment, and hospital care necessitated by injury or illness, while the above-named child is at MBU, and I agree to cover the cost associated with this treatment. I agree to the release of any records necessary for referral, treatment, billing, or insurance. I hereby affirm that my child has no conditions that will limit participation in the full range of activities being planned, except those listed below.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

Parent/Guardian Phone Number

Insurance Company and Policy Number:

Allergies & known medical conditions:
