

## Medical Release Form

This completed form is required for participation in VBS.  
Bethlehem Bible Church, 307 Lancaster Street, West Boylston, MA 01583. 508-385-3400

### Physician/Insurance Information

Physician Name/Phone/Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Insurance Name/Phone: \_\_\_\_\_

\_\_\_\_\_

Policy Holder Name: \_\_\_\_\_

Policy Holder's Relation to Participant(s): \_\_\_\_\_

Policy ID#: \_\_\_\_\_

Policy Group #: \_\_\_\_\_

Statement of Consent:

In the event of an emergency or non-emergency situation requiring medical treatment, I (type name below), hereby grant permission for any and all medical and/or dental attention to be administered to listed participant(s) until such time as I can be contacted. This permission includes, but is not limited to, the administration of first aid, the use of an ambulance and the administration of anesthesia and/or surgery under the recommendation of qualified medical personnel. Please print this form and sign/date your consent below.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Please turn in the completed form to Sunita Tilak.*