



ST. ATHANASIUS ANTIOCHIAN ORTHODOX CHURCH

**MEDICAL RELEASE FORM  
for a minor**

Student's Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Place of birth: \_\_\_\_\_

Address: \_\_\_\_\_  
(street) (city) (state) (zip)

Parent phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_

Person to contact if parent cannot be reached:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize the participation of my child,  
\_\_\_\_\_, in all activities during the St. Athanasius  
\_\_\_\_\_ program taking place (dates) \_\_\_\_\_.

I give my permission for the staff to make decisions regarding treatment in the case of a medical emergency.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(parent or legal guardian)

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Special medical disorders, allergies, medications, instructions/dosages:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies:

\_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_ Family Physician or Medical Group: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy/Group Numbers:

\_\_\_\_\_

Name of insured: \_\_\_\_\_ Employer: \_\_\_\_\_

\_\_\_ Attached is a copy of insurance card