BRAINWORX AFTER SCHOOL PROGRAM • HELD AT JOHNSTOWN BAPTIST CHURCH • WEDNESDAYS AFTER SCHOOL, 2:30 - 4 PM

MEDICAL RELEASE FORM

•• PARTICIPANT INFORMATION (one form per participant, please) NO CHILD MAY PARTICIPATE WITHOUT A COMPLETED FORM.

First Name __________________________ Last ______________________________ DOB _________________ __ M __ F

School/Grade ______________________________________/___

Address ____ City ___________________________ Zip _____________

•• PARENT/GUARDIAN INFORMATION

First Name _______________________________ Last ____________________________________

Address ____ City ___________________________ Zip _____________

Home Phone __________________________ Work Phone __________________________ Mobile Phone ___________________

•• GRANT CONSENT

I hereby consent to medical care by providers listed below, and for Emergency Personnel and/or local hospital to be called:

Doctor/Primary Care Provider ____ Phone# ______________________

Dentist ____ Phone# ______________________

Other Medical Specialist ____ Phone# ______________________

Hospital of Choice ____ Phone# ______________________

Date of last Tetanus Shot _____________________________________

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for **1)** the administration of treatment deemed necessary by the above named medical personnel, or in the event the designated provider is not available, by another licensed physician or dentist and **2)** the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists agree in the medical necessity for such surgery prior to the surgery commencing. **Facts concerning the child's medical history are listed here, including allergies, medications being taken, and any/all physical impairments to which a licensed primary care provider should be alerted:** ____

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Parent/Guardian (print) _____________________________________ Signature ____

Date ________________ Address ____

After-school program for 6th grade students living in the Johnstown-Monroe Local School District

It's FREE

br@!nWorx

Johnstown Baptist Church

the safe spot for snacks, study & shenanigans

450 S Main Street • Johnstown OH 43031

11/2018 ©