

**MEDICAL RELEASE INSURANCE FORM**

Name: \_\_\_\_\_ Gender: F M

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Family Physician: \_\_\_\_\_

**Note: Adults - Please make out form as an adult - crossing out section (parents/legal guardians of: a minor),**

I (We), the undersigned, (parents/legal guardians of: a minor), do hereby authorize the Managers of Brighton Creek Bahá'í Conference Center (herein after referred to as BCBCC) or an adult Coordinator of a BCBCC sponsored event to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis of treatment and hospital care which is deemed advisable by, and is to be rendered under the provisions of the medical Practice Act or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any such specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his/her judgment may deem advisable. It is also understood that if a licensed Registered Nurse, is appointed by BCBCC, may administer first aid or emergency medical treatment as deemed necessary. I understand that this form is in effect from the date signed and furthermore that it is my responsibility to notify BCBCC with any changes to this form.

Name (Minor) \_\_\_\_\_ Parent/or Legal Guardian: \_\_\_\_\_  
(Please Print)

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_ Insurance Phone Number \_\_\_\_\_

Please list any medications that are being taken on a regular or as needed basis: \_\_\_\_\_

Please list any medication or food allergies and the expected reaction: \_\_\_\_\_

Please list two emergency contact people, their work and home phones and relation to above mentioned minor or adult.

1. \_\_\_\_\_

2. \_\_\_\_\_

**SIGNATURE**

**Date Signed**