



Student Ministries

Medical Release Form

I _____ authorize AUMC leadship to seek treatment for my
(Parent/Guardian)
child, _____, to consent to any necessary examination,
anesthetic, medical diagnosis, surgery treatment and/or hospital care rendered to my child
under the general or special supervision and on the advice of any physician or surgeon
licensed to practice medicine by the state in which he/she practices, during the duration of
this trip.

Date _____

Home Physician _____ Phone _____

Medical Insurance Provider _____ Phone _____

Policy # _____ Group # _____

Allergies _____

Medications _____

Person to contact in the event of an emergency:

Name _____ Relationship _____

Cell # _____

Diabetic: Yes _____ No _____ Seizures: Yes _____ No _____

Physical limitations _____

Other Medical Information _____