

# Garriott Rd. church of Christ Medical Release

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Garriott Rd. church of Christ — 3601 W. Owen K. Garriott Enid, Oklahoma 88240 — 580-234-2876

## Authorization for Medical Care

(This form is required for all 18 and under)

Minor's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Age: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Insurance Policy #: \_\_\_\_\_

Any medications or foods the minor is allergic to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

In Case of an emergency, I give permission for the one named on this form to receive emergency medical treatment.

Parent's (Guardian's) Signature: \_\_\_\_\_

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

Any other needed information:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_