



MEDICAL RELEASE FORM (must have parent/guardian signature if not 18+)

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Parent/Guardian: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ ID# \_\_\_\_\_

PMH\_\_Diabetes\_\_(Insulin?\_\_)Seizures\_\_(Diastat?\_\_)Asthma\_\_(Emergency Inhaler?\_\_)Heart Issues\_\_(NTG?\_\_)

Drug Allergies: \_\_\_\_\_ Food Allergies: \_\_\_\_\_

Environmental Allergies: \_\_\_\_\_ Epi Pen? \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

Pertinent Information/Significant Medical History: \_\_\_\_\_

Pursuant to the provisions of the civil code of the State of Kentucky, I the undersigned, do hereby authorize as agents, the Board of Directors of the Lake Cumberland Area Emmaus/Chrysalis Community and/or Paradise Valley supervisors to consent to any treatment or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician/surgeon licensed under the provision of the medical Practice Act, or by a dentist licensed under the provision of the Dental Practice Act. It is understood that this authorization is given in advance of any specific care required, but is given to provide authority to give care which any physician may, in the exercise of his/her best judgment, deem advisable.

I further authorize that any of the above-named agents that have active status as Emergency Medical Technicians, may perform care up to the level in which they are allowed, if deemed necessary by them.

I also allow any hospital or medical facility which has provided treatment, to surrender physical custody to my above-named agents upon completion of treatment. This authorization is given pursuant to the Health and Safety Code.

I do hereby release Lake Cumberland Area Emmaus/Chrysalis Community Board of Directors and Paradise Valley and/or its designee from liability in case of accident. This authorization shall remain in effect until revoked in writing and delivered to the said agent.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*If under 18, this form must have a parent/guardian signature.