



# Parental Release

## MEDICAL RELEASE FORM

If my child \_\_\_\_\_ is injured during LifeFocus 2018, March 17-25 we request and authorize medical treatment. We hereby agree to pay charges for all services rendered during hospitalization or medical treatment. We assign directly to the hospital and physicians payment of our child's hospitalization and health insurance benefits applicable to the medical need and authorize the collection of such funds on our behalf. We acknowledge and understand that we are personally responsible for all charges not otherwise paid by assignment of insurance benefits.

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Street address:** \_\_\_\_\_

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

### Emergency Contact Information:

**home** (\_\_\_\_\_) \_\_\_\_\_ **work** (\_\_\_\_\_) \_\_\_\_\_

**cell** (\_\_\_\_\_) \_\_\_\_\_