



**OKOLONA**  
CHRISTIAN CHURCH

**Medical Release**

*Authorization for Emergency  
Medical Treatment*

I, \_\_\_\_\_ of \_\_\_\_\_ (address)  
City of \_\_\_\_\_, County of \_\_\_\_\_ State of Kentucky, am the  
father/mother/legal guardian of \_\_\_\_\_ (child's name), a minor of,  
\_\_\_\_\_ (address), City \_\_\_\_\_, Kentucky, zip \_\_\_\_\_,  
who attends and/or participates in activities with OKOLONA CHRISTIAN CHURCH, located at 10801  
Faithful Way, Louisville, Jefferson County, Kentucky 40229.

In the event that all reasonable attempts to contact me at \_\_\_\_\_ or \_\_\_\_\_  
(phone numbers) have been unsuccessful, I hereby give my consent for:

- (1) The administration of any treatment deemed necessary by Dr. \_\_\_\_\_, Phone # \_\_\_\_\_ (preferred physician) or Dr. \_\_\_\_\_ Phone # \_\_\_\_\_ (preferred dentist), or in the event that they are not available, by any licensed physicians or dentist; and
- (2) The transfer of the child to \_\_\_\_\_ (preferred hospital) or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring the necessity for such surgery, are obtained prior to the performance of such surgery.

Date \_\_\_\_\_ Signature \_\_\_\_\_  
(Sign ONLY in the presence of the Notary)  
Print Name \_\_\_\_\_  
Relationship \_\_\_\_\_

The following information is needed by any hospital or practitioner not having access to the child's medical history: Allergies: \_\_\_\_\_ Medication being taken: \_\_\_\_\_ Date of last tetanus shot: \_\_\_\_\_  
Physical Impairments: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
PolicyHolder: \_\_\_\_\_ (Optional provide copies of insurance cards.)  
Other pertinent facts to which a physician should be alerted: \_\_\_\_\_

STATE OF KENTUCKY, COUNTY OF JEFFERSON

Subscribed, sworn to and acknowledged before me in said State and County by \_\_\_\_\_, (father/mother/legal guardian) to be true as he/she verily believes.

IN WITNESS WHEREOF, I hereunto subscribe my name this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires \_\_\_\_\_ Notary ID # \_\_\_\_\_