

**North Oak Community Church  
Heroes For Life Release Form**

The following health record must be filled out for each student by the parent or guardian, or the student cannot be a part of any HFL trips. Please print below. This release form will be kept on file for the 2011-2012 school year and the summer of 2012.

**STUDENT INFORMATION**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parents Names: \_\_\_\_\_

Home Address  
City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Emergency: \_\_\_\_\_

**MEDICAL HISTORY**

Please list any medical problems and medications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_

List any food allergies: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #'s: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #'s: \_\_\_\_\_

**TREATMENT**

In case of emergency, I hereby give permission to the physician selected by the North Oak Community Church staff and or assigned personnel to hospitalize, secure treatment for, and to order injection, anesthesia and/or surgery for the student named above.

Student Signature: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_