

**One form for each student attending *Eluminatus/Bridge* must be completed and returned with the registration. This form may be copied.**

*All information is kept confidential.*

**MEDICAL RELEASE**

I give permission for my son/daughter \_\_\_\_\_  
to receive emergency medical treatment in case of any accident or medical emergency.  
I will not hold Unity Baptist Church, Eagle's Nest or attending parent/teacher  
responsible for any accident or injury.

Parent's Signature: \_\_\_\_\_

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

List any known

allergies: \_\_\_\_\_

Insurance

provider: \_\_\_\_\_

Policy

number: \_\_\_\_\_

Emergency contact number:

HOME: \_\_\_\_\_

CELL: \_\_\_\_\_

ANY ADDITIONAL INFORMATION ABOUT THIS STUDENT THAT WOULD BE  
HELPFUL IN AN EMERGENCY:

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

This information expires on May 17, 2012