

**APOSTOLIC LIGHTHOUSE  
UNITED PENTECOSTAL CHURCH  
Medical Release Form**

(downloaded from [www.willistonupc.faithweb.com](http://www.willistonupc.faithweb.com))

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Last Name	First Name	Middle Name
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Address

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Social Security Number

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Medical Insurance Company

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Medical Conditions and/or Allergies

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In case of emergency contact: Name, Address, Phone Number

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Alternate person to contact in emergency: Name & Phone Number

I, who by law may do so, authorize the administration of emergency medical treatment to she/he who is subject of this form. I understand that in the event medical intervention is needed, every attempt will be made to contact the person above immediately.

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Signature of Parent/Guardian	Date
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