



**2017 VBS Medical Release
(Fill out one per family!)**

Noelridge Christian Church (Disciples of Christ)
7111 C Ave. NE, Cedar Rapids, IA 52402
(319) 393-9532

Website: www.NoelridgeChristian.org; Email: office@NoelridgeChristian.org

Please Print:

Parent(s) Name(s): _____

Street Address: _____

City: _____

St: _____

Zip Code: _____

Contact #(s): _____

Email(s): _____

In case of emergency, contact: _____

Contact #(s): _____

Health Insurance Carrier: _____

Group/Policy Number: _____

Person responsible for insurance coverage: _____

Doctor's Name: _____

Contact #: _____

Hospital Preference: _____

The information in this document pertains to the following child(ren):

Name

Date of Birth

The following people are authorized to leave the premises with my/our child(ren):

Name

Relationship

Signature of Parent or Guardian

Date