

LAKEVIEW INSTITUTE FOR TEENS (LIFT)

A Christ-Centered Academic Ministry to River Region Church School Families

P. O. Box 241738

Montgomery, AL 36124

MEDICAL RELEASE FORM

In the event of an emergency, I, _____,
parent of _____, authorize the staff of LIFT to act on my
behalf if I cannot be contacted. If emergency treatment is sought, medical conditions, which must be
considered, are listed below.

Full Name of Student: _____ Age: _____

Known Allergies:

Other Known Medical Conditions/Concerns: _____

Emergency Contact: _____ Relationship: _____ Ph: _____

Emergency Contact #2: _____ Relationship: _____ Ph: _____

Mother's Cell: _____ Father's Cell: _____

Insurance Company: _____ Insurance Policy Group #: _____

NOTE: Both sides of the parent/student insurance card must be copied to the bottom of this form.

Parent Signature: _____ Date: _____