

Strategic Life Training **Intensive**



MEDICAL RELEASE FORM

In case I am unable to sign or give verbal consent, in the event of a medical emergency, I hereby authorize the administration of medical treatment deemed necessary by the Strategic Christian Services Staff or host church and any physician licensed under the provision of the Medicine Practice Act, during the *Strategic Life Training* Intensive, taking place during the dates of _____.

NAME (PRINT): _____

ADDRESS: _____

PHONE #: _____
Emergency Contact

SIGNATURE: _____
(If you are under 18, a parent or legal guardian must sign for you here!)

SIGNATURE: _____
(If you are 18 or older, please sign for yourself here.)

I realize that insurance coverage is my responsibility.

MEDICAL HISTORY OF WHICH WE SHOULD BE AWARE: