

Washington Street Church of Christ Medical Release Form

Washington St. Church of Christ

P.O. Box 324

Fayetteville, TN 37334

PLEASE PRINT IN INK

Effective Dates: 02/01/2020-02/01/2021

Family Information

(ONE PER FAMILY)

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ E-mail Address: _____

Medical Insurance Co: _____ Policy #: _____

Group #: _____

Mother's Name: _____ Phone: Home: _____ Work: _____

Father's Name: _____ Phone: Home: _____ Work: _____

Emergency Contact: _____ Phone: Home: _____ Work: _____

Physician: _____ Office Phone: _____

Dentist: _____ Office Phone: _____