

# MEDICAL RELEASE



**Each Team Member must complete, sign & have this Medical Release Form notarized.**

**It must be mailed to: Rev. Charles A. Bledsoe  
9059 Kettering Ave,  
White Lake, MI 48386**

**He must carry this form to the field since the hospital or doctor may require it before medical assistance is given.**

Date: \_\_\_\_\_

I hereby give **Rev. Charles Bledsoe** (team coordinator) and \_\_\_\_\_ (team member) permission to secure immediate medical treatment for me in the event that I am not able to make that decision due to an injury or illness. In the case of a minor, I, the legal guardian, give permission to the aforementioned to secure immediate medical treatment for my child in the event of accident or illness. In either case, our intent is to contact your Emergency Contact, if the situation permits, before medical treatment is given. This release is effective from the date **February 8, 2017 to February 21, 2017.**

NAME: (Print) \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

(If minor-guardian's signature)

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day  
of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Notary

\_\_\_\_\_  
Expiration and seal

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