

**Providence Extension Program  
Visitor Medical Release Form**



Date of Visit: \_\_\_\_\_ Reason for Visit: \_\_\_\_\_  
Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Grade Level: \_\_\_\_\_  
Allergies/Medication: \_\_\_\_\_  
Parent/Guardian Name (if under 18): \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**In the event of an emergency, please list the name and contact information for the individual you would like us to contact:**

**Emergency Contact Information:**

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Medical Contact Information:**

Doctor: \_\_\_\_\_ Contact #: \_\_\_\_\_  
Dentist: \_\_\_\_\_ Contact #: \_\_\_\_\_

*This information will be used in the event of an emergency.*

*I (We) give my (our) permission for the above named to be on the PEP East St Johns campus on \_\_\_\_\_ (date). PEP East St Johns meets at Redeemer Church, 190 South Roscoe Boulevard, Ponte Vedra Beach, FL 32082.*

*I (We) release PEP East St Johns (staff/tutors/parents/volunteers) and Redeemer Church (staff/volunteers) from responsibility and liability for any injury that may be sustained during this visit. In the event of an emergency, I (we) authorize PEP East St Johns, as agent for me (us), to consent to any medical emergency treatment such as x-ray examination, medical, dental or surgical diagnosis, treatment and hospital care advised and supervised by a physician, surgeon, or dentist licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in a hospital. Parents will be notified as soon as possible.*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/Guardian Signature (if under 18)*

\_\_\_\_\_  
*Date*