

Junior Joey
MEDICAL RELEASE FORM
Show Me Clowns For Jesus National Conference

(Please Print)

Joey Name: _____ **Birth Date:** _____

Age: _____

(M/F) _____ **E-mail**

Address: _____

Address: _____ **City:** _____ **State:** _____

Zip: _____

Parent/Guardian Name: _____ **Home Phone:** _____

Cell: _____

Please supply ALL of the following information. Please attach a copy of your insurance card.

Medical Insurance Company: Group #: _____ Policy #: _____

Insured Policy Holder's Name

(Adult): _____

Insured Policy Holder's Birth date

Adult): _____

Company Address: _____ Company

Phone: _____

City: _____ State: _____

Zip: _____

Physical Limitations (Asthma, diabetes, allergies, etc.), and/or special instructions (Allergic to certain

medications, rare blood type, wears contact lens, etc.):

Junior Joey has permission to engage in all conference activities except (list all prohibited activities):

In the event I cannot be reached in an emergency, I hereby give permission for the physician selected by the

Clarion Hotel or Show Me Clowns for Jesus National Conference staff to hospitalize, secure proper treatment for,

and to order injection, anesthesia, x-ray or surgery for my child named above.

Signed: _____ Date: _____

Relationship: _____

Special Instructions:

My youth will be picked up by _____ Friday and Saturday

My youth has permission to be released to meet me after the conference on

Friday and Saturday _____ Date: _____