

**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 Birthdate

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: \_\_\_\_\_