

**UNIVERSITY BAPTIST CHURCH**

2720 Wabash  
Fort Worth, Texas 76109  
817.926.3318

**MEDICAL RELEASE**

Name \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Parents' Names \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Name of Primary Insured \_\_\_\_\_

Policy or Group # \_\_\_\_\_

In Case of an Emergency call:

Name \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

**MEDICAL HISTORY**

List any physical conditions, such as allergies, headaches etc... \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Should medical attention be required, list any special instructions needed, such as being allergic to penicillin, or other medications.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL WAIVER**

**1. TO BE COMPLETED BY PARENTS OR YOUTH UNDER 18 YEARS OF AGE:**

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_, a minor, hereby acknowledge that the said minor is presently under my care, custody, and/or control. I hereby give \_\_\_\_\_ my express permission to go on 2016 ministry activities with University Baptist Church, Fort Worth, Texas. I furthermore grant permission for my child to participate in all activities as my child is capable.

In the event an emergency necessitating medical or surgical attention arises, I hereby consent and give my permission to the University Baptist Church staff, its representatives, or the sponsors, or any attending physician to make such decisions and to perform such medical treatments and/or surgery as they deem necessary and proper under the circumstances.

I, \_\_\_\_\_, the parent of \_\_\_\_\_, do release, acquit, discharge, and covenant to hold harmless University Baptist Church, its staff, its representatives, and the sponsors from any and all actions, causes of actions, damages, or liabilities, and financial responsibility for all medical treatment provided during the attendance of 2016 ministry activities sponsored by the University Baptist Church, Fort Worth, Texas.

**2. TO BE COMPLETED BY ADULTS 18 YEARS OF AGE OR OLDER:**

In the event an emergency necessitating medical or surgical attention arises, I, \_\_\_\_\_, hereby consent and give my permission to the University Baptist Church staff, its representatives, and the sponsors, or any attending physician to make such decisions and to perform such medical treatments and/or surgery as they deem necessary and proper under the circumstances.

I do release, acquit, discharge, and covenant to hold harmless University Baptist Church, its staff, its representatives, or the sponsors from any and all actions, causes of actions, damages, or liabilities arising out of the treatment of any sickness or accident, and financial responsibility for all medical treatment provided during the attendance of 2016 ministry activities sponsored by University Baptist Church, Fort Worth, Texas.

**I have read this Medical Release Form and agree to the terms of this document, and agree that I am signing it on the behalf of the above named party.**

**SIGNATURE OF PARENT** \_\_\_\_\_

**DATE** \_\_\_\_\_