

MEDICAL RELEASE

Child's Full Name	Date of Birth		
Parents' Names			
Address			
City	State	Zip	
Mother's Cell #	Mother's Work	#	
Mother's Email			
Father's Cell #	Father's Work #	<u> </u>	
Father's Email			
PRIMARY CARE DOCTOR			
Doctor	Phon	e	
Medical Insurance Company			
Address			
Phone	Preferred Hosp	ital	
Name of Primary Insured			
Policy or Group #			
IN CASE OF EMERGENCY CALL			
Name	Phone	Cell	
MEDICAL HISTORY			
List any physical conditions, such as a	ıllergies, headaches etc		
Should medical attention be required, penicillin, or other medications.	, list any special instructi	_	gic to

INITIALS ____



MEDICAL WAIVER

TO BE COMPLETED BY PARENTS OF YOUTH UNDER 18 YEARS OF AGE

I, the parent/guardian of	a
minor, hereby acknowledge that the said minor is presently under	
hereby give my express	permission to go on 2017-2018
ministry activities with University Baptist Church, Fort Worth, Te for my child to participate in all activities as my child is capable.	exas. I furthermore grant permission
In the event an emergency necessitating medical or surgical attention my permission to the University Baptist Church staff, its representatending physician to make such decisions and to perform such they deem necessary and proper under the circumstances.	tatives, or the sponsors, or any
I,, the parent of	do
release, acquit, discharge, and covenant to hold harmless University representatives, and the sponsors from any and all actions, causes and financial responsibility for all medical treatment provided durinistry activities sponsored by the University Baptist Church, Fo	ity Baptist Church, its staff, its of actions, damages, or liabilities, ring the attendance of 2017-2018
TO BE COMPLETED BY ADULTS 18 YEARS OF AGE OR OLDER	
In the event an emergency necessitating medical or surgical attent	
I,, hereby consent and g	give my permission to the University
Baptist Church staff, its representatives, and the sponsors, or any decisions and to perform such medical treatments and/or surgery	
under the circumstances.	
I do release, acquit, discharge, and covenant to hold harmless Univerpresentatives, or the sponsors from any and all actions, causes of arising out of the treatment of any sickness or accident, and finant reatment provided during the attendance of 2017-2018 ministry as Baptist Church, Fort Worth, Texas.	f actions, damages, or liabilities cial responsibility for all medical
I have read this Medical Release Form and agree to the terms of t	his document, and agree that I am
signing it on the behalf of the above named party.	- -
SIGNATURE OF DADENT / GUADDIAN	DATE