



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 # _____

Father's Email _____

PRIMARY CARE DOCTOR

Doctor _____ Phone _____

Medical Insurance Company _____

Address _____

Phone _____ Preferred Hospital _____

Name of Primary Insured _____

Policy or Group # _____

IN CASE OF 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.

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 my care, custody, and/or control. I hereby give _____ my express permission to go on 2017-2018 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 2017-2018 ministry activities sponsored by the University Baptist Church, Fort Worth, Texas.

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 2017-2018 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 / GUARDIAN _____ **DATE** _____