

Medical Release Form

05/12/2008

Date _____

Name of minor _____

Address _____

Date of Birth _____ Age _____ Sex _____

Health History

Chronic or Recurring Illnesses _____

Allergies (medications, insect stings, foods, etc) _____

Prescription(s) (name it) and how it is given _____

I, _____ (printed name of custodial parent(s)/guardian(s)) certify that I am the _____ (relationship to minor - i.e. parent(s) or guardian(s)) and have the legal ability to sign this release in my capacity and in a representative capacity on behalf of the minor named above. I hereby consent to any x-ray, anesthetic, medical, surgical, or dental diagnosis or treatment that may be deemed necessary for my minor child, Further; I understand that all efforts will be made to contact me prior to treatment. In the event that I cannot be reached in an emergency, I give permission to the trip, event, or activity leader(s) to make the decisions necessary for treatment. Should there be no trip, event, or activity leader available, I give permission to the attending physician to treat my minor child. I further understand that the doctors, dentists, and other providers attending to my child will take all reasonable safety precautions during their care.

Further, as parent(s) or legal guardian(s) I am responsible for the health care decisions of my minor child and agree that my insurance plan is the primary plan to pay for the dental, medical, or hospital care or treatment that is given to my child. Any policy of the church or organization sponsoring this trip, event, or activity will be used as the secondary coverage if needed.

This release is effective for the period of one year from the date given below unless revoked by signatory(s).

Signature of Parents(s) or Guardian(s) listed above

Date

Parents(s) or Guardian(s) Address

Home Telephone Number(s)

Cell Telephone Number(s)

Work Telephone Number(s)

State of Texas, _____ County

Subscribed and sworn to and before me on this _____ day of _____, 20____.

Notary Public

Notary Stamp