

Medical Release Form
Point View Baptist Church, 110 FM 3039, Combine, Texas 75159 (972)476-9911

I hereby give my permission for _____ to take part in various church-sponsored youth trips, outings, camps and various activities. I further give my permission for the church representatives or sponsors of the trips or activities to secure needed medical treatment in the event that I cannot be reached for such permission. I have and do hereby release the church and its employees, representatives or sponsors from liability for accident or injuries on all trips and activities.

I further under and agree that in the event that the above-named son/daughter be involved in non-Christian or dangerous activities, I will pay his or her expenses to be sent home immediately at the discretion of the sponsors or church representatives.

Home Address: _____ City: _____

State: _____ Zip: _____ Date of Birth _____ / _____ / _____

In case of emergency, please contact:

Name: _____ Phone (_____) _____

Doctor: _____ Phone (_____) _____

List known food/drug allergies _____

Medications taken regularly _____

Family Medical Insurance Co.: _____

(or attach a copy of your insurance card. **Front & back**)

Policy Number or Group Number: _____

I hereby agree to and understand all information listed on this form. Should any of the above information change, I understand it is my responsibility to notify the church office.

Unless terminated in writing, this release shall be effective for one (1) year from the date signed.

Signature _____ (Parent or Guardian) Date _____ / _____ / _____

The following should be completed by the notary witnessing parent/guardians signature:

Signed before me this _____ day of _____, _____

_____ My commission expires _____ / _____ / _____

Notary