

## **Medical Release Form**

**I, \_\_\_\_\_, (Parent/Guardian) hereby give permission for any and all medical attention to be administered to my child, \_\_\_\_\_, (full name of child) in the event of accident, injury, sickness, etc. under the direction of the person(s) listed below, until such time as I may be contacted. I also assume responsibility for the payment of any such treatment. This release is effective for the period of one (1) year from the date given below.**

**Address:** \_\_\_\_\_

**Telephone No(s)** \_\_\_\_\_

**Child's Birthdate and grade in school** \_\_\_\_\_

**Insurance Company** \_\_\_\_\_ **Policy Number** \_\_\_\_\_

**In case I cannot be reached, any of the staff or event chaperones of First United Methodist Church, Lindale, Texas are designated to act on my behalf.**

**Child's Physician:** \_\_\_\_\_

**Address of Physician** \_\_\_\_\_

**Telephone Number of Physician** \_\_\_\_\_

**Known Allergies of Child :** \_\_\_\_\_

**Parent or Guardian Signature:** \_\_\_\_\_

**Email address of parent or guardian:** \_\_\_\_\_

**Date** \_\_\_\_\_

**Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_**

\_\_\_\_\_

**Notary Public**

**Commission Expires:** \_\_\_\_\_

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