Medical/Permission and Release Form

Name_____ Phone_____

Address_____

City_____ State_____ Zip_____

Birth Date_____ Grade_____ School_____

Parent's Name_____Phone_____

Parent's Telephone Number during event _____Work _____

In case of emergency notify_____ Phone_____

Family Physician _____ Phone_____

Family Insurance Co._____Policy #_____

Name of Insured _____

Immunization dates: Tetanus_____ Polio Booster _____ Measles _____ Mumps_____

List Allergies _____

My Child May NOT be given the following over-the-counter medications _____

Medications and Schedules _____

Other Medical Information_____

Any other special instructions_____

_____

Permission For Treatment
My permission is granted for the UBC sponsors or other staff person in charge to obtain necessary medical attention in case of sickness or injury to my child.

I, the undersigned, do hereby verify the above information is correct and I do hereby release and forever discharge all sponsors and University Baptist Church and the church's agents from any and all claims, demands, actions or cause of action, past, present or future arising out of any damage or injury while employed by or participating in this event

Parent or Guardian
Signature_____

Date _____