

Temple Baptist Church Medical Release Form

Student Name: _____ Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

In Case of Emergency Please Notify:

_____ Phone: _____

_____ Phone: _____

Physician's Name and Phone Number (if possible): _____

Does student have any known allergies (medication or otherwise)? _____

If so please explain: _____

Please describe any other relevant medical conditions: _____

Medical Insurance Company: _____

Primary Policy Holder's Name: _____

Policy Number: _____

In the event of an emergency requiring medical treatment, I hereby give permission to the staff and/or sponsors from Temple Baptist Church to obtain the services of a licensed physician/or medical facility.

I understand that I will be responsible for any and all charges arising from any treatment, not covered by my insurance or if I have no insurance.

I understand that Temple Baptist Church staff or sponsors will attempt to contact me in the event of such an emergency.

I release Temple Baptist Church and it's staff and sponsors from any liability resulting from injury occurring during student activities.

Signed: _____ Date: ____/____/____

(Parent or Legal Guardian of Youth/Child named above)