

MEDICAL RELEASE FORM
Student Ministry, Tallowood Baptist Church
555 Tallowood Drive, Houston, Texas 77024
(713) 468-8241

I hereby give my permission for _____
(Student's Name)

to take part in various church-sponsored youth trips, outings and camps. 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 release the church representatives or sponsors from liability for accident or injuries on these trips or activities.

I further understand and agree that in the event that the above-named son/daughter be involved in activities that violate or compromise the rules, policies, or purposes of Tallowood Baptist Church, I will pay and accept full responsibility for release of my child to my custody and care.

Home Address _____

City/State/Zip _____ Youth's Date of Birth _____

In case of emergency, please contact:

Parent or Guardian _____ Phone No. _____

Doctor _____ Phone No. _____

Friend or Relative _____ Phone No. _____

List known food/drug allergies: _____

Medication taken regularly: _____

Date of last tetanus shot: _____

Swimming: My youth is a: Non-swimmer _____ Fair _____ Good swimmer _____

Family Medical Insurance Company: _____

Policy Number or Group Number: _____

I have read and understand this Medical Release Form and Waiver represent that all of the information contained herein is true and correct. I, hereby, accept and assume all the risks of injury associated with the activities of Tallowood Baptist Church Student Ministry.

Unless terminated in writing, this release shall be effective for two (2) years from the date signed.

Signature _____ Parent (Managing Conservator) or Guardian

STATE OF TEXAS

COUNTY OF _____

Before me, the undersigned authority, on this day personally appeared _____ known to be the person(s) whose name(s) is subscribed above, and acknowledged to me that he/she executed the same for the purpose therein expressed.

Sworn and subscribed before me this _____ day of _____, 20____.

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Notary Public in and for _____

County, Texas

My Commission Expires _____