



## Form VIII: Medical Release Form

**This is confidential and will only be used in a medical emergency.**

Child's name: \_\_\_\_\_

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

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Birthday: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Emergency Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### Insurance information

Insurance Company \_\_\_\_\_ Policy Number: \_\_\_\_\_

Family Doctor \_\_\_\_\_

### Medical Release

I, the parent/guardian of \_\_\_\_\_, give permission to **Broadman Baptist Church** personnel to act on my behalf in case of a medical emergency and I cannot be contacted. I will not hold them legally liable. The medical concern of my child takes precedence.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Telephone E-Mail