

Form VIII: Medical Release Form

Rev. 2-21-11



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

Child's name _____

Address _____

Sex Male Female Date of Birth (mm/dd/yyyy) _____

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