



## 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 \_\_\_\_\_