

# MEDICAL RELEASE FORM

Eastridge Baptist Church  
732 E. Ovilla Rd.  
Red Oak, TX 75154  
972-617-2338

I hereby give my permission for \_\_\_\_\_ to take part in various church-sponsored preschool/children's/youth trips, outings, and camps. I further give my permission for the church representatives or chaperones 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 chaperones from liability for accidents or injuries on the trips or activities.

I further understand and agree that in the event that the above named son/daughter be involved in dangerous activities or displays conduct contrary to Christian ethical or moral standards, I will pay his or her expenses to be sent home immediately at the discretion of the church representatives or chaperones.

Home Address \_\_\_\_\_ City/State \_\_\_\_\_

Zip Code: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

In case of emergency, please contact:

Parent or Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Friend or Relative: \_\_\_\_\_ Phone: \_\_\_\_\_

List known food/drug allergies: \_\_\_\_\_

Medication taken regularly: \_\_\_\_\_

Swimming: My child is a (1) non-swimmer \_\_\_\_ (2) fair swimmer \_\_\_\_ (3) good swimmer \_\_\_\_

Family Medical Insurance Co.: \_\_\_\_\_

Policy Number or Group Number: \_\_\_\_\_

I hereby agree to and understand all information listed on this form. Unless modified or terminated in writing, this release shall be effective for two (2) years from the date signed.

Signature of Parent/Guardian: \_\_\_\_\_

Signed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

Notary: \_\_\_\_\_ My commission expires: \_\_\_\_\_