

Medical Release Form

A&M Church of Christ Youth Ministries

Name: _____ Address: _____

Birthdate: _____ Home Phone: _____
Month Day Year

Parent/Guardian's Name(s): _____ Cell Phone Number(s): _____

Medical Insurance? Yes No (please circle)

If yes, please fill out the following information:

Insurance Company Name: _____

Address: _____

Insured: _____

Policy Number: _____

Please list any medical information, allergies, and current medications: _____

Contact lenses? Yes No (please circle)

Alternate Emergency Contact (if parent/guardian can not be reached):

Name: _____

Address: _____

Home Phone: _____

Alternate Phone: _____

I understand that, in the event medical treatment is required, every effort will be made to contact me. However, if I can not be reached, I give permission to A&M Church of Christ or an adult sponsor to secure the services of a licensed physician to provide the care necessary for my child's well-being.

Parent or Guardian Signature: _____

Date: _____

Waiver of Liability Statement

I, the parent or legal guardian of the child listed on this form, release A&M Church of Christ, together with the adults in charge, from any and all claims resulting from an accident, injury or disease incurred while participating in youth events as a part of the A&M Church of Christ Youth Ministry.

Parent or Guardian Signature: _____

Date: _____