



MEDICAL RELEASE 2010

I, the undersigned parent or guardian of _____, a minor, Birthdate _____ do hereby authorize adult workers with the youth of the above named church to consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is rendered under supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis of treatment is rendered at the office of said physician or at said hospital on behalf of the minor named above. As parent or guardian of the minor named above, I do hereby expressly consent that my son/daughter may receive emergency medical treatment from any physician, hospital or other medical center for rendering such services.

Further, I agree to hold neither the Ministers, the Elders nor volunteer workers of the Riverside Church of Christ liable for any accident or injury while the above named minor is a participant in a youth/children's event.

(Please PRINT the following information)

The above named minor has the following allergies: _____

He/She is on the following medication: _____

Child's Doctor and Phone # _____

Please attach a copy of your current insurance card (front & back) to this release form.

Parents or Guardians: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____ Cell: _____

Parent or Guardian Signature _____

Subscribed and sworn before me this _____ day of _____ 2010

Notary Public, State of Texas

Notary's typed or Printed name

My signature confirms that I hereby give witness to the proper completion of this form by the minor's parent or guardian.