

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Work Phone Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Cell Phone Number

# Medical Release Form

In the event my minor child is injured or involved in an accident of any kind while attending any youth ministry activity of the Mesquite Church of Christ during the time between \_\_\_\_\_ and \_\_\_\_\_, I authorize and give consent to the adult sponsors to seek medical attention for my child, \_\_\_\_\_, by the physician of their choice. I also authorize and give consent to that physician to give treatment to my minor child in the manner which he or she deems necessary, including admission into a hospital.

\_\_\_\_\_  
Parent or Legal Guardian

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_, Texas  
County

\_\_\_\_\_  
Expiration Date of Seal

\*\*\*\*\*

Parent's Names: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Allergies of Child: \_\_\_\_\_

Medication Currently Taking: \_\_\_\_\_

Heath Problems to be Aware of (i.e. asthma, diabetes) or Physical Limitations: \_\_\_\_\_

\_\_\_\_\_  
Insurance Company / Address / Phone Number / Policy Number(s): \_\_\_\_\_

(Use reverse side of paper for further explanation)