



# 2019 Medical Release

University Baptist Church \* Houston, TX

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

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

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Parent's Name \_\_\_\_\_ Phone \_\_\_\_\_

Parent's Work Phone \_\_\_\_\_ Parent's Cell Phone \_\_\_\_\_

In case of emergency notify \_\_\_\_\_ Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Family Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Name of Insured \_\_\_\_\_

Immunization Date: Tetanus \_\_\_\_\_ List Allergies \_\_\_\_\_

List any permanent prescription drugs your child is presently taking; state frequency and dosage:

\_\_\_\_\_

Other Medical Information \_\_\_\_\_

### Medical Care & Medical Information Authorization TO THE ATTENDING PHYSICIAN, HOSPITAL AND STAFF:

Permission is hereby granted for you at the discretion of the staff and/or sponsors of UBC to perform whatever care is necessary for the welfare of my child until such time as you are able to reach us personally.

\_\_\_\_\_ Permitted: \_\_\_\_\_  
Date (Name & Relation to Child)

***\*Must be natural or adoptive parent, or legal guardian***

### Liability Release

I, \_\_\_\_\_, do hereby release, absolve, indemnify and hold harmless UBC, the organizers, sponsors, and supervisors from any and all loss, injury, or other damage to us or the above named persona arising out of their participation in church sponsored events. In case of injury to our child, we hereby waive all claims against the organizers, the sponsors, or any of the supervisors appointed by them. We likewise release from responsibility any person transporting our child to and from the activities.

\_\_\_\_\_ Signature: \_\_\_\_\_  
Date (Name & Relation to Child)

***\*Must be natural or adoptive parent, or legal guardian***