

MEDICAL RELEASE FORM

DATE (S): During the year of 2010.

NAME OF PARTICIPANT: _____ **SEX:** _____ **AGE:** _____

MAILING ADDRESS: _____

CITY/STATE: _____ **ZIP:** _____

I, the undersigned, do hereby give permission for my child, _____, to attend and participate in the above mentioned activity sponsored by the Southern Hills Church of Christ of Abilene, Texas.

I authorize adult sponsors of Southern Hills Church of Christ, in whose care the minor has been entrusted, to consent to any examination, X-ray, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care which is rendered to the minor under the general or special supervision and on the advice of any physician or dentists licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. Further, as parent or guardian of the minor named above, I do hereby expressly consent that emergency medical treatment may be rendered from any physician, hospital, or other medical center without necessity of first notifying me.

The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

The undersigned does also hereby give permission for this child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by the Southern Hills Church of Christ. The participant will follow and cooperate with the adult leadership on the trip(s) he/she is participating in.

_____/_____/_____
 Signature of Parent/Guardian Child's Signature Date

Child's Physician: _____ Medical Insurance? No Yes

Insurance Company: _____ Policy Number: _____

1) Any allergies? (Drug, Food, or Environmental) No Yes

List: _____

2) Taking prescription medication(s)? No Yes

List: _____

Medications must be brought in the original bottle with prescription label and given to the trip sponsor for supervised administration.

EMERGENCY CONTACT#1:	EMERGENCY CONTACT#2:
DAYTIME PHONE: (____) _____ - _____	DAYTIME PHONE: (____) _____ - _____
EVENING PHONE: (____) _____ - _____	EVENING PHONE: (____) _____ - _____
CELL PHONE: (____) _____ - _____	CELL PHONE: (____) _____ - _____

Please Note: Southern Hills Church of Christ is not financially responsible for any necessary medical care.