Medical Release Form Children's Ministry- Calvary Baptist Church July 1, 2009 - July 1, 2010

Name	Birthday	Grade
Address	School	
City/State/Zip	Home Phone	
Parent's Name	Parents' Work Phone	
Other Phone Numbers	Social Security #	
MEDICAL INFORMATION		
Family Physician	Chart No	
Clinic Phone	Emergen	cy Phone
Insurance Company	Policy #	
Member's Name	Ins. Company Phone #	
Allergies		
Medication being taken		
Physical Handicaps or Special Conditions_		
MEDICAL AND SURGICAL WA Also: Property Damage, Transportation for Disciple		Property Searches
I am the parent and/or guardian of he/she is under my care, custody, and control. In tattention, I expressly grant my permission and components of any attending physician, to make such upon my child listed above which may in their solution the undersigned parent and legal guardian of above indemnify and hold harmless Calvary Baptist Chapter any and all actions, causes of actions, relatarising out of the treatment of any sickness or according to the components of the treatment of any sickness or according to the treatment of any sickness or according to the treatment of any sickness or according to the treatment of the components of the Calvary and chapterones to search my child's personal be brackpacks, if deemed necessary on rare occasion for the components of the components of the components of the components of the calvary and chapterones to search my child's personal be the components of the com	the event there arises an emer- consent to the Calvary Baptia decisions and to perform such le discretion be necessary and we mentioned child, do release arch or its representatives, spated risks and dangers, includ- cident, and any financial respany damage my child may can easons. Baptist Church staff, its rep- elongings, including but not	st Church staff, its representatives, ch medical treatments and/or surgery d proper under the circumstance. I, e, acquit, discharge, and covenant to consors, or any attending physician, ling negligence, damages, liabilities consibility for all medical treatment use, and for providing transportation resentatives, and the adult sponsors
Signature of Parent or Guardian		
Date		