# METROPOLITAN BAPTIST CHURCH
# MEDICAL RELEASE FORM

Name of Child _____ Grade Completed and Age_____/_____
First Last MI

Mothers' Name_____ Fathers' Name_____

Address_____
Street City State Zip

Home Phone No._____ Church Membership? Yes / No

Date of last Tetanus Shot _____ Known Allergies_____

Health Problems_____

Current Medications_____

Family Physician_____Office Phone No._____

PARENT: I, _____, give my authority and consent to Metropolitan Baptist Church sponsors/leadership to seek a doctor or qualified person to provide emergency medical treatment to the above name child in the event he/she is ill or injured while participating or traveling (to and from) this facility and/or this activity.

I, undersigned parent/guardian of the above named child who is a minor, do release, acquit, discharge, and covenant to hold harmless Metropolitan Baptist Church, 13000 Jones Road, Houston, Texas, its director/employees and its sponsors and representatives from any and all actions, causes of actions, damages, and/or liabilities arising from the medical treatment of any sickness or injuries from accident incurred by my said child at the facility and/or activity.

_____ _____
(Signature of Parent/Guardian) (Date)

## Insurance Information:

Insurance Co. _____ Policy and/or Group #_____

Phone #_____ Address:_____

**Emergency Contacts:**

Name _____Phone No. _____Relationship_____

Name _____Phone No. _____Relationship_____

**Any Additional Instructions or Information:**

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