

West Conroe Baptist Medical Release

My child has my permission to attend activities under the sponsorship of West Conroe Baptist Church, Conroe, Texas. In the event of an emergency situation, I give the adult leadership of the West Conroe Baptist Church Children's Ministry permission to obtain necessary medical attention for my child. In signing this form, I hereby give my consent for my child to travel with the sponsoring group and to take part in any and all activities occurring within the church program unless restrictions are noted in writing below. Furthermore, I release, remise and forever discharge individuals, and/or the Administration or Church Leadership of West Conroe Baptist Church from any and all acts of negligence of any such which could result in claims, demands, actions or causes of action, past, present, or future arising out of any damage or injury while my child was participating in any children's event sponsored by West Conroe Baptist Church.

Child's Name _____ M F Grade _____ Age _____

Address _____ City _____ Zip _____

Mother's Name _____

Mother's Home# _____ Work# _____ Cell# _____

Father's Name _____

Father's Home# _____ Work# _____ Cell# _____

Additional Emergency Contacts—Please give name, phone #'s and relationship.

1. _____

2. _____

Please list any allergies your child may have (medication, food, etc.) _____

Immunizations Current? Yes ___ No ___ Date of last tetanus _____

List any significant health problems _____

Under a doctor's care? No ___ Yes ___ Prescription medication? _____

Doctor's Name _____ Phone _____

Restriction of physical activity? No ___ Yes _____

Insurance carrier, phone # & policy # _____

Name of insured _____

Parent or Legal guardian signature _____