

# MEDICAL INFORMATION/RELEASE FORM

Child's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

Parent/Guardian E-Mail\_\_\_\_\_

Date of Birth:\_\_\_\_\_ School Grade:\_\_\_\_\_

Child's Medical History/Allergies:\_\_\_\_\_

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Child's Current Medications: \_\_\_\_\_

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Insurance Information:\_\_\_\_\_

Emergency Contact (other than parent):

Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

[illegible]

I, \_\_\_\_\_, Parent/Guardian of \_\_\_\_\_

\_\_\_\_\_, authorize representative(s) of \_\_\_\_\_

Shady Grove Baptist Church of North Richland Hills, TX to administer basic Medical treatment and/or activate the 911 EMS system for transport by ambulance to the appropriate hospital emergency center.

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_\_