

SUGAR LAND BAPTIST CHURCH
MEDICAL/PERMISSION RELEASE FORM

Shirt Size: _____

Name: _____ Birthday: _____

Address: _____

City _____ Zip _____

Parent Phone: _____ Grade: _____

Parent email: _____

Person to contact in case of emergency: _____

Emergency Phone Number: _____

Family Physician: _____

Family Insurance Company: _____

Insurance Address: _____ Phone: _____

Policy Number: _____

MEDICAL RELEASE

I (we) understand that, in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give permission to the staff or sponsor to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my child's well-being.

Please list any allergies, medications being taken, medical problems, or other pertinent information.

Signature: _____ Date: _____

Printed Name: _____

Parent or Guardian must sign for a minor child.