

## MEDICAL RELEASE

**Student's Full Name:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

I give my child permission to take part in Tomball Bible Church Student Ministry Activities - January 1, 2008 through December 31, 2008.

In the event that he or she is injured while participating, I do hereby authorize and consent to any x-ray, examination, anesthetic, medical, or surgical diagnosis rendered under general or special supervision of any licensed medical staff member under the provisions of the Medicine Practice Act.

It is understood that this authorization is given in advance of any specific diagnosis or treatment being required, but is given to provide authority and power to render care which the aforementioned physician, in his or her best judgment, may deem advisable.

It is understood that effort shall be made to contact me, the undersigned, prior to rendering treatment to my child, but that any of the above treatment will not be withheld if I cannot be reached.

I understand the nature of these events and do hereby release Tomball Bible Church and any of its staff or volunteer staff from any liability for accidents or injury sustained by my child in conjunction with this event.

\_\_\_\_\_

**Signature of Parent / guardian**

**Date**

### IN CASE OF EMERGENCY NOTIFY

Full Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Relationship to student: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

### INSURANCE INFORMATION

Company Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Group # \_\_\_\_\_ ID# \_\_\_\_\_

Name of Insured: \_\_\_\_\_

**Medication taken on a regular basis or physical problems of which we should be aware:**

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