

**MEDICAL RELEASE FORM AND PERMISSION TO PARTICIPATE**  
**April 2018 – April 2019**

Student name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_  
Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Parent(s) Business Phone(s) \_\_\_\_\_

To Whom It May Concern:

The Undersigned does hereby give permission for our (my) child, \_\_\_\_\_ to attend and participate in activities sponsored by the Granbury Church of Christ from April 2018 through April 2018.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor had been entrusted while attending and participating in activities sponsored by the Granbury Church of Christ.

Physicians Name \_\_\_\_\_ Physician's Phone  
Number \_\_\_\_\_  
Hospital Insurance Yes \_\_\_ No \_\_\_ Insurance Company \_\_\_\_\_  
Policy Number \_\_\_\_\_ Emergency Numbers \_\_\_\_\_  
Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please list any allergies, regular medications or special medical problems your child may have:**

\_\_\_\_\_

State of Texas  
County of Hood

On the \_\_\_\_\_ day of \_\_\_\_\_, personally appeared before me, a notary public within and for the state and county aforesaid \_\_\_\_\_, known to me, and acknowledged that they signed the foregoing document for the purposes therein stated.

My commission expires \_\_\_\_\_  
Notary Public

**Granbury Church of Christ, 1905 W Pearl, Granbury, TX 76048 Phone (817) 573-2613 Fax(817)573-2966**