



Parental Medical Release Form

For Participation in Red Bank Church of Christ Activities in 2022

Please fill this out in ink.

Child's Name: _____

Address: _____

City: _____ State _____ Zip _____

Telephone _____ School _____

Child's Date of Birth _____

Parent or Legal Guardian Name and Phone # _____

If nobody is at the above number, what are one or two other names and numbers to call?

Medical Information

Allergies: _____

Medications being taken: _____

Physical handicaps or limitations: _____

Medical insurance company: _____

Policy number: _____

Member's name: _____

I hereby release Red Bank Church of Christ, including their paid and volunteer staff, from responsibility and liability for any injury or illness that my child may sustain during an activity of the Red Bank Youth program.

In the event of an emergency, I hereby authorize any x-ray examination, medical, dental, or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. The undersigned will be responsible for the cost of all medical treatment to the extent not covered under insurance.

I expect to be contacted as soon as possible.

Signature of Legal Guardian: _____ Date: _____

Please inform RBYG of any changes that occur, such as allergies, medication, or other pertinent medical information.