

**Parental Medical Release Form**  
**For Participation in all Washington Street Church of Christ Activities**  
**Please fill this out in ink**

Name \_\_\_\_\_ S.S.# \_\_\_\_\_

Address \_\_\_\_\_

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

Telephone \_\_\_\_\_ School \_\_\_\_\_

Home Congregation \_\_\_\_\_

Parent or Legal Guardian \_\_\_\_\_

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 Washington Street 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 Washington Street 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 Gaurdian \_\_\_\_\_

Date \_\_\_\_\_

*\*To be completely secure, you might want to have this form notarized.*

*\*Please inform the church office of any changes that occur, such as allergies, medication, or other pertinent medical information.*