

**MEDICAL RELEASE FORM**

Pioneer Drive Baptist Church  
701 S Pioneer Dr. – Abilene, TX 79605

Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

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

Business Phone (Dad) \_\_\_\_\_ (Mom) \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

In the event of an emergency, give the name and phone number of friends or relatives we can contact who will know how to reach parents or guardians:

NAME	PHONE	RELATIONSHIP
_____	_____	_____
_____	_____	_____

List known food/drug or other allergies and medical conditions \_\_\_\_\_

\_\_\_\_\_ Date of last Tetanus Shot \_\_\_\_\_

List medications taken regularly \_\_\_\_\_

Swimming: My child is a (Circle one)      Non-Swimmer      Fair Swimmer      Good Swimmer

Any other special instructions regarding child \_\_\_\_\_

**PARENT/GUARDIAN PERMISSION:**

I hereby give my permission for \_\_\_\_\_ to take part in various sponsored trips, outings, and camps of Pioneer Drive Baptist Church – Abilene, Texas. I also give my permission for my child to be transported in vehicles used in conjunction with these events. I further give my permission for the designated/approved church representative or sponsor to secure any needed medical treatment for the above name son/daughter. I release the church representatives or sponsors from liability for accident or injuries on these trips or activities.

I further understand and agree that, in the event that the above named son/daughter be involved in any non-Christian or dangerous activities, I will pay his or her expenses to be sent home immediately at the discretion of the approved sponsors and/or church representatives.

I have supplied, understood, and agree to all the information contained on this Medical Release Form.

Notary \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Signed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_. My commission Expires \_\_\_\_\_

**Unless Modified Or Terminated In Writing, This Release Shall Be Effective For Two (2) Years From The Date Signed.**