

MEDICAL RELEASE FORM AND PERMISSION SLIP
Greenwood Baptist Church
Weatherford, Texas

Date: _____

_____ has my permission to take part in various church-sponsored activities, such as, youth-trips, outings, broomball, retreats, and camps.

I further give my permission for the church representatives or sponsors of the trip or activities to secure needed medical treatment in the event that I cannot be reached for such permission. I release the church or sponsors from liability for accident or injuries that might incur on this trip.

I further understand and agree that in the event that the above-named son/daughter be involved in activities that violate or compromise the rules, policies, or purposes of GBC, I will pay and accept full responsibility for release of my child to my custody and care.

In case of emergency, please contact:

Parent or Guardian: _____	Phone: _____
Home Address: _____	Zip Code: _____
Youth's Date of Birth: _____	
Doctor: _____	Phone: _____
Friend or Relative: _____	Phone: _____
List any drug allergies: _____	
Medications taken regularly: _____	
Date of last Tetanus shot: _____	
Medical Insurance: _____	
Policy or Group # _____	

I have read and understand this Medical Release Form and Waiver. All information contained herein is true and correct. I, hereby, accept and assume all the risks of injury associated with the activities of Greenwood Baptist Church Youth Ministry.

Signature of Parent/Guardian: _____