

Overflow

MEDICAL INFORMATION AND RELEASE FORM

Form MUST be completed and notarized to be valid and a separate form must be completed for EACH participating child

Child's Full Name _____ Date of Birth _____
Father's Name _____ Home Phone # _____
Street Address _____ City _____
State ____ Zip Code _____ Drivers License # _____ Cell # _____
Mother's Name _____ Home Phone # _____
Street Address _____ City _____
State ____ Zip Code _____ Drivers License # _____ Cell # _____
Emergency/Contact Person OTHER than parent:
Name _____ Phone # _____
Address _____
Current Medications (& dosage/schedule): _____

Allergies: _____

Special health problems or concerns: _____

Name of Insurance company _____
Name of Employer _____ Policy # _____
Insurance verification phone # _____ Group # _____
Who is the policy holder? _____ Date of Birth _____
Doctor's Name _____ Phone _____

MEDICAL RELEASE

I hereby give my permission for _____ to be treated by authorized, licensed, medical personnel as a result of an accident or medical emergency while involved in the activities of Overflow.

Signed: _____

Relation to minor: _____ Date _____

WAIVER OF RESPONSIBILITY

I, _____, parent and/or legal guardian of _____, a minor, release and discharge Friday NITE Friends, Overflow, The Friday NITE Foundation, Inc. and the Custer Road United Methodist Church, it's agents, employees, and any and all persons concerned therewith from any and all liability, claims and causes of action of any type whatsoever arising out of or in any way connected with said child's participation in the activities of Friday NITE Friends/Overflow.

Signed _____ Relation to Youth: _____

Date: _____

County of _____

Before me, the undersigned authority, on this day personally appeared _____

(Name)

Known to me to be the person whose name is subscribed above, and acknowledged to me that s/he exacted the name for the purpose therein expressed.

Sworn and subscribed before me this _____ day of _____, _____
Month year

(seal)

STATE OF TEXAS _____
Notary Public in and for _____ County, Texas
My commission expires: _____