Friday NITE Friends

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_____ Cell #_____
Mother's Name _____Home Phone # _____
Street Address (if applicable)_____
City _____ State ___ Zip Code _____ 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 #_____
Who is the policy holder?_____ Date of Birth _____
Insurance verification phone # _____ Group # _____
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 Friday NITE Friends.

Signed: _____
Relation to youth: _____ Date _____

WAIVER OF RESPONSIBILITY

I, _____, parent and/or legal guardian of_____, a minor, release and discharge Friday NITE Friends, The Rori Guerrero 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.
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: _____