



Medical Release Form

I, _____ (parent/guardian) hereby give permission for any and all medical attention to be administered to my child _____ in the event of accident, injury, sickness, etc. under the direction of the staff and workers of the Nettleton Baptist Church youth ministry. I also assume the responsibility for the payment of any such treatment. This release is effective for the period of one month from the date given below.

ADDRESS: _____

INSURANCE COMPANY: _____

POLICY NUMBER: _____

MY CONTACT NUMBERS: _____

KNOWN ALLERGIES: _____

SIGNATURE (Parent/guardian): _____

DATE: _____

Subscribed and sworn before me on the _____ day of _____, 20____

Notary Public