

Decatur Highway Church of Christ
Medical Permission and Travel Release Form Instructions

When filling the release form out, please complete the form with as much clarity and detail as possible. We refer to these in medical emergencies and we need correct, and updated, insurance information as well as important medical notes. If any medical changes occur, (allergies, medications, insurance information) it is up to the parent(s) or legal guardian to update the information with the church staff.

Thank you!

Decatur Highway Church of Christ

Medical Permission and Travel Release Form

Name: _____

Address: _____

Parents'/Guardians' name(s): _____

Address (if different from above): _____

Home phone: _____ Work phone: _____ Cell phone: _____

Notify in emergency (other than parent/guardian): _____

Phone: _____

Address: _____

Medical Information

Allergies: _____

Medications being taken: _____

Medical History (asthma, diabetes, etc): _____

Family Physician (Name & Phone): _____

Name of insurance company: _____

Policy #: _____

As parent or guardian, I hereby give my approval and consent for _____ to travel and/or participate in any activities sponsored by Decatur Highway Church of Christ. This authorization shall remain in effect through the 31st day of December, 2023, or until terminated in writing by the undersigned. In consideration thereof, I hereby relieve Decatur Highway Church of Christ and all adult chaperones on said activities my child is attending from any and all liability for sickness, accidents, or injuries of any nature of cause whatsoever while attending, coming to, or leaving said activity. In case of an emergency illness of my child demanding immediate attention by a doctor to save his/her life, and the adult chaperones could not reach me by phone, I give my consent for the group leader in charge and/or adult chaperones to authorize the doctor to do what he/she deems necessary to save the child's life.

Signature of Parent/Guardian: _____ **Relationship:** _____

Date: _____

I, _____, on this day, _____, personally known by me and in my presence, executed the within and foregoing Medical Permission and Travel Release form. Witness my hand and official seal.

My Commission Expires: _____

Notary Public