

City Church
8200 Macon Road, Cordova, TN 38018
901-755-1540

MEDICAL RELEASE/PERMISSION TO TRAVEL

Name _____ Age _____
Home Address _____ City _____ State _____
Zip _____ Date of Birth _____ Place of Birth _____
Home Phone() _____ Work Phone-Dad () _____ ; (Mom)() _____
Parent or Guardian _____

Doctor's Name _____ Phone Number() _____
Insurance Company _____ . Policy Number _____
Group Number _____

In the event of an emergency, give the name and phone number of friends or relatives we can contact who will know how to reach parents or guardians:

Name _____ Relationship _____ Phone _____
Name _____ Relationship _____ Phone _____

List known food/drug or other allergies _____

List Medications taken regularly _____

Swimming: My child is a Non-swimmer _____ Fair swimmer _____ Good swimmer _____
Any other special instructions regarding child _____

PARENT/GUARDIAN PERMISSION:

I hereby give my permission for _____ to take part in various sponsored trips, outings, and camps of City Church, Cordova, TN. I further give my permission for the designated/approved church representative or sponsor to secure any needed medical treatment for the above named son/daughter. I release the church representatives or sponsors from liability for accident or injuries on these trips or activities.

I further understand and agree that, in the event that the above named son/daughter be involved in any non-Christian or dangerous activities, I will pay his or her expenses to be sent home immediately at the discretion of the approved sponsors and/or church representatives.

I have supplied, understood, and agree to all the information contained on this Medical Release Card.

Parent/Guardian Signature _____
Signed before me this _____ day of _____, 200 _____
Notary _____ My commission expires: _____

**THIS MEDICAL RELEASE/PERMISSION TO TRAVEL
FORM IS VALID FOR ONE CALENDAR YEAR**