

NEW LIFE CHURCH STUDENT MEDICAL RELEASE

I, _____, do hereby authorize adult workers of the above named church to consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is rendered under supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

Further, I agree to hold neither the Ministers, the Ministry Team, the elders nor volunteer workers of New Life Church, liable for any accident or injury during ministry event.

(Please Print the following information)

I have the following allergies: _____

I am on the following medication: _____

Insurance Company/Group: _____

Policy #: _____ Name of

Insured: _____ Insured's

Birthdate: _____ Insurance verification phone number: _____ Address:

_____ City: _____ State:

_____ Zip: _____ Phone #: _____

Signature: _____

Subscribed and sworn before me this _____ day of _____ 20_____

_____ Notary Public, State of Texas

_____ Notary's typed or Printed name

_____ My signature confirms that I hereby give witness to the proper completion of this form by the minor's parent or guardian.

7184 CLUB DR TX 79762 PHONE(432)272-5556