



UNIVERSITY

BAPTIST CHURCH

2720 Wabash Ave
Fort Worth, TX 76109
817.926.3318

Medical & Passenger Liability Release

I, _____, parent/legal guardian of _____
(DOB ___/___/___), give my permission for him/her to participate in University Baptist Church (UBC) Ministry/Mission activities for the calendar year _____. I do hereby authorize the adult sponsors of UBC to act on my child's behalf in case of any medical emergency. In case there is a need for medical treatment, I hereby give my parental consent for treatment. I understand that my child will be transported by an approved UBC driver in a privately owned automobile. I understand that all safety precautions will be taken to ensure a safe trip, and I release University Baptist Church from any liability for whatever reason on this church sponsored event.

Signature of parent/legal guardian

Date

Parent Home Phone

Parent Cell Phone

Parent Home Phone

Parent Cell Phone

Emergency Contact Name
(if parents are unavailable)

Emergency Contact Phone

MEDICAL INFORMATION

Doctor's Name

Doctor's Phone

Insurance Company

Insurance Group #

Insurance Policy #

Allergies or Medical Conditions