Medical Release and Permission Form (through August 2019)

Name of Minor _____ Date of Birth _____

Parent/Guardian Name _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Cell Phone _____

Email address _____

Doctor _____ Phone _____

Insurance Company _____ Policy/ID Number _____

Allergies or Medical Conditions _____

(Attach extra information if necessary)

EMERGENCY CONTACT PERSON MUST BE SOMEONE OTHER THAN THE PARENT(S) OR GUARDIAN

Name _____ Relation to Minor _____

Address _____ Cell Phone _____

City _____ State _____ Zip _____

I am the parent/guardian of the above named Minor, and I give permission for Minor's full and complete participation in the ministries of Upper Room Bible Church (from here referred to as "URBC") and any of its special events through August 2019. I acknowledge that said Minor's participation at URBC is voluntary and may require involvement in events that require travel or physical exertion.

I, the parent/guardian of said Minor, give consent for said Minor's full and complete participation in any event of URBC. I also release and hold harmless, on behalf of myself and Minor, URBC and its employees, staff and volunteers from all liability or claims arising from or related to Minor's participation, whether on URBC grounds, during travel, or at places traveled to for service, activities, camps, retreats, etc. I also grant permission to URBC to use photographs or video in which said Minor may appear for the promotion of the ministry.

I, the undersigned parent/guardian of the said Minor, do hereby authorize the Ministry Leaders of URBC as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medicine Practice Act whether such diagnosis or treatment is rendered at the office of said physician or at a hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable. This authorization shall remain effective through August 31, 2019 unless sooner revoked in writing.

Parent/Guardian Signature _____ Date _____