

**PARKWAY BAPTIST CHURCH  
MEDICAL RELEASE FORM 2018**

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I certify that I am the parent, guardian, or custodian of \_\_\_\_\_ . I authorize and consent for this child to participate in this event.

I certify that I am the parent, guardian, or custodian of \_\_\_\_\_ . I authorize and consent for this child to participate in this event.

**PARENT, GUARDIAN, OR CUSTODIAN'S NAME:** \_\_\_\_\_

**PARENT, GUARDIAN, OR CUSTODIAN'S NAME:** \_\_\_\_\_

CELL PHONE: \_\_\_\_\_  
AGE: \_\_\_\_\_ GENDER: GUY GIRL  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Church: Parkway Baptist Church  
Youth Minister: Mark Cloyd

CELL PHONE: \_\_\_\_\_  
AGE: \_\_\_\_\_ GENDER: GUY GIRL  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Church: Parkway Baptist Church  
Youth Minister: Mark Cloyd

**MEDICAL/INSURANCE INFORMATION:**

Insurance Company: \_\_\_\_\_  
Policy/Group#: \_\_\_\_\_  
Medical Conditions: \_\_\_\_\_  
Allergies: \_\_\_\_\_

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Medical Conditions: \_\_\_\_\_  
Allergies: \_\_\_\_\_

In case of emergency, I do so authorize the administration of emergency medical treatment to she/he who is subject of this registration form. I understand all reasonable safety precautions will be taken at all times by Parkway Baptist Church and its agents liable for any accident, injury or disease incurred by the subject of this form. I understand that in the event medical intervention is needed every attempt will be made to contact the parents or guardians listed above immediately.

In case of emergency, I do so authorize the administration of emergency medical treatment to she/he who is subject of this registration form. I understand all reasonable safety precautions will be taken at all times by Parkway Baptist Church and its agents liable for any accident, injury or disease incurred by the subject of this form. I understand that in the event medical intervention is needed every attempt will be made to contact the parents or guardians listed above immediately.

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)