

**MEDICAL RELEASE**  
For Group Trips Sponsored by the Sunset Church of Christ

Full Name of Youth Participant \_\_\_\_\_ Date of Birth \_\_\_\_\_

Full Address \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone or Pager \_\_\_\_\_

Emergency Contact besides Parent/Guardian \_\_\_\_\_

Home Ph. \_\_\_\_\_ Work Ph. \_\_\_\_\_ Cell/Pager \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_ Policy \_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone \_\_\_\_\_

Please list any medical allergies, medications, problems, or other important information:

\_\_\_\_\_  
\_\_\_\_\_

I understand that, if medical treatment is required, every effort will be made to contact me. If I cannot be reached, however, I give my permission to the adult sponsors to secure the services of a licensed physician to provide the care necessary, including surgery and anesthesia, for my child's well-being. I authorize the medical caretaker to take such action as necessary to care for my child and I agree to be responsible for all debts incurred in the process.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(parent or legal guardian)

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**WAIVER OF LIABILITY STATEMENT**

I, the parent or legal guardian of the child listed above, release the Sunset Church of Christ, together with the adults in charge, from any and all claims resulting from injury or damage that may be sustained by my child while participating in the activities this year sponsored by Sunset Church of Christ.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(parent or legal guardian)

This document shall be effective for one year until \_\_\_\_\_.