

**MEDICAL RELEASE FORM  
FOR CENTRAL TEENS EVENTS**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Parent or Guardian's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Person to notify in case parent/guardian cannot be reached: \_\_\_\_\_

In the event of an emergency where medical treatment is required, I give my permission to the Central Church of Christ staff or sponsor to obtain the services of a licensed physician. Please attempt to notify me immediately concerning any such emergency.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Guardian)

Child's Physician: \_\_\_\_\_

Physician's Phone Number: \_\_\_\_\_

Comments or medical information: (Be specific - i.e. allergic to bees, asthma, allergic to any medicines or foods, etc. \_\_\_\_\_  
\_\_\_\_\_

Insurance: \_\_\_\_\_

Group No.: \_\_\_\_\_ Contract No.: \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me personally appeared \_\_\_\_\_ known to me to be the identical person who executed the foregoing statement.

State: Alabama

County: Madison

My Commission Expires: 10/12/2016

Notary Public \_\_\_\_\_

***Central Church of Christ***

P.O. Box 488

Huntsville, Alabama 35804

(256) 534-0382

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