

Meadows Church of Christ
9195 Dishman Road
Beaumont, Texas 77713
(409) 892-7063

Medical Release Form
Authorization for Medical Treatment of Minor

Date of Validation: May 1, 2018

Date of Expiration: May 1, 2019

Minor's Name: _____

Grade Level: _____

Place of Birth: _____

Date of Birth: ____/____/____

I, _____, the undersigned parent or legal guardian of _____, a minor, do hereby authorize adult workers with the youth ministry of the Meadows Church of Christ as agent(s) for the undersigned, to consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is rendered under supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

Further, as parent or legal guardian of the minor named above, I do hereby expressly consent that my son/daughter may receive emergency medical treatment from any physicians, hospital, or other medical center without the necessity of first notifying me, and do further agree to hold harmless any physician, hospital, or other medical center for rendering of such services.

Additionally, I am aware that this form remains valid for an entire year and, upon signing, I understand that my signature validates this form from **May 1, 2018** through **May 1, 2019**.

Signed: _____ Date: ____/____/____ (Father) (Legal Guardian)

Signed: _____ Date: ____/____/____ (Mother)

PLEASE PRINT THE FOLLOWING INFORMATION

Insurance Company or Group: _____ Policy Number: _____

Name of Physician: _____ Phone: (____) ____ - ____ X ____

CONTACT INFORMATION (PLEASE PRINT CLEARLY)

Parent or Legal Guardian: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Home: (____) ____ - ____ Work: (____) ____ - ____ Cell: (____) ____ - ____

In circumstances where the above Parent(s) or Legal Guardian cannot be reached, please contact the following:

Name: _____ Relationship to Minor: _____

Home: (____) ____ - ____ Work: (____) ____ - ____ Cell: (____) ____ - ____

