

MEDICAL RELEASE FORM

I, _____ (Parent/Guardian's Name) hereby give permission for any and all medical attention to be administered to my child _____ (Child's Name) in the event of accident, illness, sickness, etc. under the direction of the person(s) listed below, until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment. This release is effective for the period of one year from the date given below.

Insurance Company _____

Policy Number _____

In case I cannot be reached, any of the following persons is designated to act on my behalf:

- Josh Hornbaker, Minister of Education & Students
- Steve Witt, Senior Pastor
- Anthony Harris, Minister of Music & Children
- Any other employee or representative of Unaka Avenue Baptist Church
- Physician _____

Child/Parent Information:

Address _____

Phone Home _____ Work _____ Cell _____ Other _____

Allergies _____

Signature _____
(Parent/Guardian)

Date _____

Subscribed and sworn to me _____ day of _____, 2008.

(Notary Public)