

Vestavia Hills Baptist Church
Vestavia Hills, Alabama
**PARENT CONTACT &
MEDICAL RELEASE FORM**

Name: _____ Gender: _____ Birth Date: _____

Address: _____ City: _____ Zip: _____

Name of Parent or Guardian: _____

Phone # Parent or Guardian: (Home) _____ (Work) _____

Mobile and Other Emergency Numbers: _____

Email Address(es): _____

Medical Insurance Co.: _____ Policy #: _____

Family Physician: _____

Allergies, Medical Conditions: _____

Medications: _____

As a parent or guardian, I hereby authorize and direct the treatment by a qualified and licensed medical doctor of the above named minor child in the event of a medical or dental emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement or physical impairment, or cause undue pain and discomfort if delayed.

Signature of parent or guardian: _____ Date: _____