

Vestavia Hills Baptist Church  
Vestavia Hills, Alabama  
**MEDICAL RELEASE FORM**

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Parent or Guardian: \_\_\_\_\_

Phone # Parent or Guardian: (Day) \_\_\_\_\_ (Night) \_\_\_\_\_

Other Emergency Numbers: \_\_\_\_\_

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: \_\_\_\_\_