

# Medical Release Form

## Vandelia Church of Christ

To: The Elders and Ministers  
Vandelia Church of Christ  
2002 – 60<sup>th</sup> Street  
Lubbock, TX 79412

As parent or legal guardian of \_\_\_\_\_,  
(Print child's full name)

I hereby give my permission for the above named person to travel with the designated adult sponsors.

I understand that Vandelia Church of Christ does not carry accident insurance for students and hereby release and forever discharge Vandelia Church of Christ, their officers, employees, and any parties volunteering on behalf of Vandelia Church of Christ from all claims, costs, expenses or damages of any kind growing out of or related to group trips and activities.

I hereby authorize the adult sponsors to secure necessary medical attention for my dependent at my expense.

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Parent/guardian's signature

\_\_\_\_\_  
Address/zip

\_\_\_\_\_  
Phone number during activity

\_\_\_\_\_  
Optional number

Medical Background of Said Dependent:

Date of birth: \_\_\_\_\_ Date of most recent tetanus shot: \_\_\_\_\_

Allergies to food: \_\_\_\_\_

Allergies to medicine: \_\_\_\_\_

Diabetic? Yes or No Special Medications: \_\_\_\_\_

Other special considerations: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_