



**MEDICAL RELEASE FORM**  
**The Church at Canyon Creek**  
**9001 FM 620 North**  
**Austin, TX 78726**

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Office Phone (Dad) \_\_\_\_\_ Office Phone (Mom) \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Insurance Company \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ Policy or Group # \_\_\_\_\_

In the event of an emergency, give the name and phone number of friends or relatives we can contact who will know how to reach parents or guardians:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

List medications taken regularly \_\_\_\_\_

List known food/drug or other allergies and medical conditions \_\_\_\_\_

\_\_\_\_\_ Date of last Tetanus Shot \_\_\_\_\_

Swimming: My youth is a (check one)    Non-Swimmer \_\_\_\_\_ Fair Swimmer \_\_\_\_\_ Good Swimmer \_\_\_\_\_

Any other special instructions regarding youth

**PARENT/GUARDIAN PERMISSION:**

I hereby give my permission for \_\_\_\_\_ to take part in various sponsored trips, outings, and camps of The Church at Canyon Creek of Austin, TX. I also give my permission for my child to be transported in vehicles used in conjunction with these events. I further give my permission for the designated/approved church representative or sponsor to secure any needed medical treatment for the above named son/daughter. I release the church representatives or sponsors from liability for accident or injuries on these trips or activities.

I further understand and agree that, in the event that the above named son/daughter be involved in any dangerous or inappropriate activities, I will pay his or her expenses to be sent home immediately at the discretion of the approved sponsors and/or church representatives.

I understand & agree to all the information on this Medical Release Form.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_