

Germantown Church of Christ Youth Activities

MEDICAL RELEASE AND AUTHORIZATION

I, _____ (Name of Parent/Guardian) give permission to _____ (Son/Daughter) to participate in activities sponsored by the Germantown Church of Christ from **May 2020 through May 2021**. Should emergency medical treatment be necessary, I authorize Joshua Adams or any adult named by Joshua Adams, to act on my behalf to approve appropriate medical treatment. I further state that I am of lawful age and legally competent to sign this medical release; that I understand that the terms herein are contractual and are not a mere recital; and that I have signed this document as my own free act. I agree to release and hold harmless, Joshua Adams or their nominee, from any liability for decisions made pursuant to their authorization.

I have fully informed myself of the contents of this medical release by reading it, and the medical and insurance information I give below is accurate. This **Medical Release and Authorization** shall remain in full force and effect until written revocation is received by Joshua Adams.

In witness whereof, I have executed this Medical Release effective for **May 2020 through May 2021 on this the _____ day of _____, 2020.**

(Signature requires notary to witness)
Signature of Parent/Guardian

Insurance Company/Policy Number

Blood Type (If Known)

Emergency Contact Name

Emergency Contact Phone

PLEASE LIST ANYTHING WHICH MAY CAUSE YOUR CHILD TO HAVE AN ALLERGIC REACTION, INCLUDE ANY MEDICATIONS.

STATE OF TENNESSEE, COUNTY OF SHELBY

On this _____ day of _____, before me personally appeared

known to be the person (or persons) who executed the foregoing instrument, and acknowledged that he (or they) executed the same as his (or their) free act and deed.

Notary Signature

Commission Expiration