



First Christian Youth Group
Murray, KY

HEALTH RELEASE WAIVER

LAST NAME _____ FIRST NAME _____ MI _____

DOCTOR'S NAME _____ PHONE _____

DENTIST'S NAME _____ PHONE _____

INSURANCE CARRIER _____ POLICY # _____

MEDICAL CONDITIONS _____

ALLERGIES _____

REGULAR MEDICATIONS _____

BLOOD TYPE _____

I give permission for a representative of First Christian Church of Murray to authorize emergency medical treatment for my child in my absence _____ (Initial)

I do not hold First Christian Church of Murray responsible for any injuries that occur during church functions. _____ (Initial)

I declare that the above information is true to the best of my knowledge. _____ (Initial)

Signature

Date

Notary Public

"Now, go and make Disciples of all men, baptizing them in the name of the Father, the Son, and the Holy Spirit." -Matthew 28:19