



# 費斯可基督徒中國教會

## FRISCO COMMUNITY BIBLE CHURCH

10055 Warren Pkwy, Frisco, TX 75034 Tel: (469) 362-5588 FAX: (469) 362-5585 www.FriscoCBC.org

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### MEDICAL AUTHORIZATION AND RELEASE FORM

Child's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Emergency Contact Person(1): \_\_\_\_\_ Phone #: \_\_\_\_\_

Emergency Contact Person(2): \_\_\_\_\_ Phone #: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone #: \_\_\_\_\_

Medical Center: \_\_\_\_\_ Phone #: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

State any medical restrictions or allergic reactions due to medications:

\_\_\_\_\_

Should it be necessary for my child to have medical treatment while participating in a church activity, I hereby give the person in charge permission to act on my behalf to secure hospitalization or medical services deemed necessary and appropriate by the physician. I absolve the church from any and all forms of negligence and wrong treatment incurred in the procurement and process of the hospitalization and medical treatment.

In addition, I will not hold the Frisco Community Bible Church, its pastoral staff, deacon board, counselors, and any volunteer leader, responsible in the event of any other emergency involving my child.

Notes:

- 1) This form is renewed on a yearly basis. However, if any changes occur throughout the year a new form must be completed.
- 2) This medical authorization will be used only if parents or guardians cannot be reached during a medical emergency.

\_\_\_\_\_  
Parent's or Guardian's Signature

\_\_\_\_\_  
Date