
Duncanville's First Baptist Church

323 W. Wheatland Rd. Duncanville, TX 75116 (972) 298-1435 FAX (972) 298-2736

Parental Permission and Medical Release Form

To whom it may concern:

The undersigned does hereby give permission for our child, _____, to attend _____ and participate in the activities sponsored by Duncanville's First Baptist Church, between the dates of _____ and _____.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, or hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the afore mentioned child pursuant to the authorization.

Should it be necessary for my child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in these activities.

Personal Information for the Child

Name: _____ Age: _____ Date of Birth _____

Address _____ Home Phone: _____

City _____ Zip _____ Emergency Phone Number _____

Hospital Insurance: Yes No Insurance Company _____ Policy No. _____

Name of Parents

Father _____ Mother _____

Signatures:

Father _____ Mother _____

Please list allergies or special medical problems your child may have.

**State of Texas
County of Dallas**

Subscribed and sworn to before me this _____ day of _____, _____.

Notary Public, State of Texas