

June 2026 - May 2027 Medical Release / Permission

McQueeney Baptist Church, 201 Schumann Rd, McQueeney, TX 78123 - (830) 557-5532

PERSONAL INFORMATION:

Participant's Name _____ DOB _____ Age _____ 2026-27 Grade _____
Parents' Names _____ Parents Cell Phone _____
Parents' Email _____
If not available in an emergency, notify:
Name _____ Cell Number _____

MEDICAL INFORMATION:

List below (or write "None"), any physical conditions that the participant has such as: allergies, asthma, nervousness, headaches, etc. Should the participant at any time require medical attention, list any special instructions (or write "None") which the participant might require such as being allergic to penicillin, having a rare blood type, etc.

MEDICAL INSURANCE:

Company Name _____ Policy or Group Number _____
Check here if participant has NO Medical Insurance _____
Current Immunization (give date, or write "Current"): Tetanus _____ Polio _____

WAIVER:

TO BE FILLED OUT BY PARENTS OR LEGAL GUARDIANS OF PARTICIPANT WHO IS UNDER 18 YEARS OF AGE

I, _____, the parent and/or legal guardian of _____, a minor, hereby acknowledge that said minor is presently under my care, custody, and control. I hereby give my child, the said minor, permission to participate in any and all activities at and with McQueeney Baptist Church in McQueeney, Texas, in which he/she, with my approval, registers to participate.

I understand that my child's image may be included in a video or in photographs that may be made during Student Ministry activities. I consent that my child's image may appear on videos, promotional resources, website, etc.

I further expressly grant my permission for my child to participate in all activities while an active participant on trips and church events. In the event that there rises an emergency, necessitating medical, surgical attention, I hereby consent and give my permission to the McQueeney Baptist Church staff, its representatives, or the sponsors, or any attending physicians, to make such decisions and to perform such medical treatments and/or surgery upon said minor which may in their sole discretion be necessary and proper under the circumstances. I, the undersigned parent and/or legal guardian of said minor, do release, acquit, discharge, and covenant to indemnify and hold harmless McQueeney Baptist Church or its representatives, or the sponsors, or any attending physician, from any and all actions and causes of actions, related risks and dangers, including negligence, damages, liabilities arising out of the treatment of any sickness or accident, and financial responsibility for all medical treatment of any sickness or accident, and financial responsibility for all medical treatment provided during the attendance of any trips.

I also assume responsibility for providing transportation home from the event location should it be necessary for disciplinary reasons.

Parent or Legal Guardian's Signature _____ Date _____