



a ministry of
Heritage Baptist Church
of Roscoe, IL

Medical Release and Insurance Waiver

TO WHOM IT MAY CONCERN:

As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the following minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. My signature also serves to indicate my willingness to take full medical insurance responsibilities for my son/daughter and to release the churches represented from this liability.

Minor's Name: _____

Grade in School: _____ Age: _____

Signature of
Legal Guardian: _____

Address: _____

Emergency
Phone(s): _____



a ministry of
Heritage Baptist Church
of Roscoe, IL

Medical Release and Insurance Waiver

TO WHOM IT MAY CONCERN:

As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the following minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me. My signature also serves to indicate my willingness to take full medical insurance responsibilities for my son/daughter and to release the churches represented from this liability.

Minor's Name: _____

Grade in School: _____ Age: _____

Signature of
Legal Guardian: _____

Address: _____

Emergency
Phone(s): _____