



MHSG

MEDICAL RELEASE FORM

I hereby give my permission for any and all medical attention necessary to be administrated to my child,

(Name) _____

in the event of an accident, injury, sickness, etc., under the direction of the youth leader or adult chaperone, until such time as I may be contacted. I assume all financial responsibilities for any expenses incurred.

My Name: _____

My Address: _____

Home Phone: _____ **Work Phone** _____

My Insurance company: _____ **Policy #** _____

Physician's Name: _____ **Phone #** _____

Address: _____

I understand and accept that the risk of injury is possible while participating in youth activities. I authorize the Maury Hills Ministry team to act according to their best judgment in any emergency requiring medical attention. I agree to indemnify and hold harmless anyone associated with Maury Hills for all medical or dental expenses incurred as a result of participation in Maury Hills activities or programs, or use of Maury Hills facilities. I hereby acknowledge that Maury Hills or representatives, cannot be held responsible for any injury to my son/daughter.

Signature

(Parent/Guardian) _____ **Date:** _____