

August 2026 – July 2027

MEDICAL RELEASE

(For Group Trips/Activities for Youth Sponsored by
Andrews Church of Christ, 201 NW 2nd Street, Andrews, Texas 79714)

Name: _____ **Birthday:** _____ **Grade:** _____

Full Address: _____

Emergency Contact: _____

Relationship: _____ **Phone** _____

Emergency Contact: _____

Relationship: _____ **Phone** _____

Family Physician: _____ **Phone:** _____

Family Insurance Company: _____

Policy _____

Please list any medical information pertinent to treating your child in case of an emergency:

Current Medical Problems: _____

Current medications:

Medical allergies: _____

Special Diet Specifications: _____

I, the parent, or legal guardian of the child listed below, release Andrews Church of Christ, along with the adults placed in charge, from all claims resulting from injury or damage that may be sustained by my child while participating in the activity or the care of said adults and Andrews Church of Christ.

Name of Youth Participant: _____

Parent or Legal Guardian Signature: _____

Date: _____