



University Baptist Church * Houston, TX

2021 Medical Release

This form shall remain in effect through May 31, 2022 unless revoked or updated by Parent/Guardian and is required for Play Days, KJOY, and PS Kingdom Care.

Child's Full Name _____

Birthdate xx/xx/xx _____ Age _____ Gender _____

Address _____ Email _____

City _____ State _____ Zip _____

Parent Name _____ Home Phone _____

Parent Work Phone _____ Parent Cell Phone _____

Emergency Contact _____ Emergency Contact Phone _____

Emergency Contact Relationship _____

List Allergies _____ Medical Conditions _____

List any permanent prescription drugs your child is presently taking, state frequency and dosage:

Is the child **completely** potty trained? _____ Will your child take a nap? _____

PHOTO RELEASE: By registering, I realize that my child's picture may be used in future UBC print and website promotion and publicity.

Medical Care & Medical Information Authorization TO THE ATTENDING PHYSICIAN, HOSPITAL AND STAFF:

Permission is hereby granted for you at the discretion of the staff and/or sponsors of UBC to perform whatever care is necessary for the welfare of my child until such time as you can reach us personally.

Date Permitted: _____
(Name & Relation to Child)

****Must be natural or adoptive parent, or legal guardian***

Liability Release

I, _____, do hereby release, absolve, indemnify and hold harmless UBC, the organizers, sponsors, and supervisors from any and all loss, injury, or other damage to us or the above-named persona arising out of their participation in church sponsored events. In case of injury to our child, we hereby waive all claims against the organizers, the sponsors, or any of the supervisors appointed by them. We likewise release from responsibility any person transporting our child to and from the activities.

Date Signature: _____
(Name & Relation to Child)

****Must be natural or adoptive parent, or legal guardian***