

**Medical Release Form**  
**Park Row Church**  
**915 W. Park Row Arlington, TX 76013**  
**Phone: 817-277-1333 Fax: 817-275-3059**

1. Legal Name of Minor: \_\_\_\_\_

2. Date of Birth: \_\_\_\_\_ 3: Social Security Number: \_\_\_\_\_

4. Name of Father/Guardian: \_\_\_\_\_ 5. Social Security Number: \_\_\_\_\_

6 Name of Mother/Guardian: \_\_\_\_\_ 7. Social Security Number: \_\_\_\_\_

8. Home Address: \_\_\_\_\_

9. Home Telephone: \_\_\_\_\_

10. Business Telephone: Father: \_\_\_\_\_ Mother: \_\_\_\_\_

11. Family Physician: \_\_\_\_\_

12. Physician's Office Telephone: \_\_\_\_\_

13. Medical Insurance Company: \_\_\_\_\_ Subscriber's Name: \_\_\_\_\_

14. Insurance Policy Number: \_\_\_\_\_

15. Hospital of Choice (if any): \_\_\_\_\_

16. Other adults to be notified in case of injury or illness (Names and phone numbers):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

17. Special Medical Conditions of Minor (allergies, regular medications, etc.):

\_\_\_\_\_

\_\_\_\_\_

As the parent/guardian of the above-named minor, I give my permission for the Student Minister, adult sponsors, and supervisors from the Park Row Church in Arlington, TX to authorize properly licensed/certified medical personnel to treat injuries and/or illnesses as they deem necessary.

In addition, I authorize the Student Minister, adult sponsors, and supervisors to administer any necessary supervision and/or discipline that is deemed necessary for the safety and benefit of the above-named minor.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date