

# Medical Information / Contact Numbers

(Please print)

1. Date \_\_\_\_\_
2. Legal Name of Minor: \_\_\_\_\_
3. Gender \_\_\_\_\_ 4. Birth Date (DOB): \_\_\_\_\_
5. Name of Father: \_\_\_\_\_ 6. Name of Mother: \_\_\_\_\_
7. Home Address: \_\_\_\_\_
8. Home Phone: (\_\_\_\_) \_\_\_\_\_ 9. Business Phone: Father: (\_\_\_\_) \_\_\_\_\_  
Mother: (\_\_\_\_) \_\_\_\_\_
10. Cell Phone/ Pager #: Father: (\_\_\_\_) \_\_\_\_\_ Mother: (\_\_\_\_) \_\_\_\_\_
11. Family Physician: \_\_\_\_\_ 12. Office Phone: (\_\_\_\_) \_\_\_\_\_
13. Insurance Policy Holder's Name: \_\_\_\_\_ 14. Policy Holder's DOB \_\_\_\_\_
15. Medical Insurance Company: \_\_\_\_\_
16. Medical Insurance Company Phone Number: \_\_\_\_\_
17. Insurance Policy #: \_\_\_\_\_
18. Other Adults to be notified in case of an injury or illness: (Names/ Phone #'s)  
\_\_\_\_\_  
\_\_\_\_\_
19. Date of last Tetanus Shot: \_\_\_\_\_
20. Allergies (Food, Medication, Bee sting): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
21. Medications currently taking: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
22. Special Medical Conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(continued on other side)

# Medical Release

1. Legal Name of Minor: \_\_\_\_\_ 2. Date of Birth: \_\_\_\_\_

As the parents/guardians of the above named minor, I give permission for the adult supervisors from the Golf Course Road Church of Christ to authorize the properly licensed/certified medical personnel to treat injuries and/or illnesses as they deem necessary. I hereby give my consent for my child to be transported in vehicles provided by Golf Course Road Church of Christ or those owned by private individuals. In addition, I authorize the adult supervisors to administer any necessary supervision and/or discipline that are deemed necessary for the safety and benefit of the above named minor.

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Parent/Guardian's Name (please print)

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Parent/Guardian's Signature

Date signed

State of \_\_\_\_\_ County of \_\_\_\_\_

Signed or attested before me on \_\_\_\_\_ by \_\_\_\_\_  
MM/DD/YYYY Name of Person

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Signature of notary

My appointment expires: \_\_\_\_\_

This form is valid as long as the teen  
is part of the Golf Course Road Church  
of Christ Youth Group or turns 18.

GOLF COURSE ROAD CHURCH OF CHRIST  
3500 W. Golf Course Rd.  
Midland, Texas 79703

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