

**MEDICAL RELEASE FORM FOR MIGHTY OAKS CHILDREN'S MINISTRY ACTIVITIES
OAK GROVE BAPTIST CHURCH, GRAY, TN**

In case of emergency, please accept this letter as authority to treat my child whose name is listed below.

Child's Name _____

Birth Date _____ Age _____

Allergies: _____

Other medical conditions of which we should be aware: _____

Physician _____ Phone _____

Address _____

Preferred Hospital _____

Name of Insurance _____ Group # _____

Primary Insured Name _____ Birth Date of Insured _____

Mother's Name/Cell Phone# _____

Father's Name/Cell Phone # _____

Home Address _____

Home Phone # _____

Emergency Contact/Relationship/Phone # _____

If you are unable to contact our physician, please accept this letter as your authority to use the doctor on call in the emergency room for any necessary emergency medical treatment.

Parent's Signature (In presence of Notary) _____ Date _____

STATE OF _____ COUNTY OF _____

Personally appeared before me, the undersigned authority, a notary public in and for the State and County aforesaid, _____, with whom I am personally acquainted (or proven to me on the basis of satisfactory evidence), and who acknowledged the execution of the within instrument for the purposes therein contained.

WITNESS my hand, at office, this, the _____ day of _____, 20____.

_____, Notary Public

My commission expires: _____