



BOCA RATON COMMUNITY CHURCH

TRAVEL AND MEDICAL RELEASE FORM

STUDENT NAME _____ D.O.B. _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ HOME PHONE _____

IN CASE OF AN EMERGENCY NOTIFY _____

EMERGENCY PHONE # (_____) _____ OR _____

FAMILY PHYSICIAN _____ PHONE _____

INSURANCE COMPANY _____ POLICY # _____

ALLERGIES: _____

MEDICATIONS TAKING: _____ TIMES _____

SPECIAL INSTRUCTIONS _____

I _____ give my consent to Boca Raton Community Church to transport (students name) _____ to the agreed upon event and in case of emergency obtain necessary medical care for sickness or injury.

I, the undersigned, do hereby verify that the attached information is correct and I do hereby release and forever discharge Boca Raton Community Church including all sponsors and counselors, from any and all claims, demands, actions, or causes of actions, past, present, or future arising out of any damage or injury resulting from church sponsored activities.

PARENT(S) OR LEGAL GUARDIAN SIGNATURE(S)

DATE _____

DATE _____