Texas Baptist Men's State RA/Challenger Congress - MEDICAL RELEASE FORM

CHURCH: _____ _____

Name City

By signing my name to this form, I give permission to the Emergency Medical Services of the State RA/Challenger Congress to administer treatment and/or permit my child to be treated by a physician and hospital for injury or illness. I have provided insurance coverage information and a number where I can be reached in case of an emergency.

Boy's Name	Allergies, Special Medicines, Special Medical Problems or Other Medical Information	Parent or Guardian's Signature	Emergency Number	Covered by other insurance? Give insurance name & policy #

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