MEDICAL AND LIABILITY RELEASE FORM

Temple Baptist Church

1811 E California Street Gainesville, TX 76240 * 940-665-9789 templebaptist@sbcglobal.net

City/Zip		
Parent/s work (_)	Cell #'s
School		Grade
	Group or Po	licy Number
Yes No	Any Activity Restrict	ions: Yes No
out your son/daugh	ter (allergies, epilepsy, l	neart condition, etc)
E-Mail Add	ress	
arents have legal custon writing any adult personal medical or surgical disupervision and upon ct or to consent to an beared to said minor by a tand that they are sign	dy, or the parent or person son into whose care the mi agnosis or treatment and h the advice of a physician X-ray examination, anesthe a dentist licensed under the ing for the minor listed on	having legal custody or the legal nor had been entrusted to consent ospital care to be rendered to said and surgeon licensed under the tic, dental of surgical diagnosis or provisions of the Dental Practice this form and the signature is for
		Date
Student Beha	vior Contract	
ward maturity in Christ	. A component of this envi	ronment includes certain behavior
property of others		
f free time and/or separ ghter from the activity	ration from the main group . In all cases, the disciplin	In more serious cases, the parent
above statements of di.	scipline policy and will ab	ide by them.
		Date
	Parent/s work (School	

