2026 North Fort Worth Student Ministries
Permission Slip / Medical Release Form

This will constitute my permission for _____
(my child / legal ward) to participate in North Fort Worth Baptist Church Student Ministries. The medical history form below has been completed and the information given is to be used in the case of emergency.

This form is for: January 1st, 2026 – December 31st, 2026

This permission slip/medical release will apply to all events, trips and projects and gives my child permission to travel with North Fort Worth Student Ministries via cars, vans or buses to all activities.

MEDICAL RELEASE FORM

Student's Name: _____ Birth Date: _____

Address: _____

_____

Phone: _____

Parent / Guardian: _____

Address: _____

(if not the same as above) _____

Home/Cell Phone: _____

E-mail Address: _____

Family Physician & Phone: _____

Allergies: _____

Regularly Taken Medications: _____

_____

HAS THE CHILD EVER BEEN TOLD THEY HAVE ANY OF THE FOLLOWING:
Asthma: _____ Diabetes: _____ Epilepsy: _____ Heart Trouble: _____

Date of Last Tetanus Shot: _____

By my signature below, I authorize North Fort Worth Baptist Church activity sponsors to seek medical attention and treatment for _____ (my child/legal ward) should the need arise during the above stated period. I hereby release and discharge North Fort Worth Baptist Church, its principles, trustees, staff and sponsors, from any and all claims for personal injuries, death and property damage. I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENT THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE WILL. This is a legally binding agreement, which I have read and understand.

Name of Insurance Company: _____

Policy #: _____

Name of Policy Holder: _____

_____ _____

(Signature) (Date)