Youth Bible Study

August 2025

Market Street church of Christ

Emergency Contact and Medical Release Form

This form must be completed by the parent or legal guardian of any participant under the age of 18. Please either scan the signed form and email it to preacher.brenden@gmail.com or bring it the day of the event.

Participant as named on registration form:_____

Person to contact in case of emergency: _____

Relationship to participant: _____

Phone number: _____

Alternate phone number: _____

Medical Release

In the event I cannot be reached in an emergency situation I, _____, hereby grant permission for any and all medical attention to be administered to the above named participant of whom I am the parent or legal guardian. This permission includes, but is not limited to the administration of first aid, the use of an ambulance, and, under the recommendation of qualified medical personnel, the administration of anesthesia and/or surgery.

Signature:_____ Date:_____

Optional: Are there any existing medical conditions, medications, and/or allergies (food, medications, etc.) that you would like us to be aware of?

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