

South River Baptist Church

Medical / Liability Release for Church Activities

I. Personal Information

Child's Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Parent or Guardian Name: _____ Phone: _____

Address (if different than above): _____

City: _____ State: _____ Zip Code: _____

Employer: _____ Employer Phone: _____

Employer Address: _____

Child's DOB: _____ Your Relation to the Child: _____

Guardian's DOB: _____ Date Liability Release Form was filled out: _____

II. Medications

Please list any medication(s) your child is allergic to and any medication(s) that he or she is presently using on a regular basis. Indicate, in full detail, the frequency of medication dosages.

III. Immunizations

Immunizations Received:

Date Received:

Tetanus

IV. Medical Conditions

Please Circle Yes or No for each question

My child has a heart condition	Yes	No
My child has a lung condition such as asthma	Yes	No
My child has a kidney or bladder disorder	Yes	No
My child has a liver condition	Yes	No
My child is diabetic	Yes	No
My child has epilepsy	Yes	No

V. Medical Insurance Information

Insurance Company Name: _____

Insurance Company Address: _____

Insurance Company Telephone Number: _____

Policy or Group #: _____

VI. Emergency Contact Information

Parents will be notified immediately in case of serious illness or accident. Please list all telephone numbers where you may be reached. We also request that you provide at least one alternate emergency contact (i.e. Grandparent, family member, etc.). Please list this person's relation to your child.

Contact Name

Relation to Youth

Phone

VII. Permission to Receive Medical Attention

I, _____, give permission for my child to receive medication and emergency treatment in the event of illness or accident. I give the person(s) designated by South River Baptist Church to be counselor/chaperone for this event permission to make a decision concerning emergency treatment.

VIII. Discipline

I, _____, would like to inform the leaders of this event that I fully trust their judgments and decisions toward the well being of my child. I trust my son/daughter to adhere and abide by any and all rules set forth and decisions made by the counselors. If my child does not, I expect them to be disciplined without the use of physical force as deemed necessary by the person(s) designated by South River Baptist Church to be counselor/chaperone for this event.

IX. Liability Release

I, _____, hereby release South River Baptist Church, their staff, chaperones and counselors of any and all liability in the event that my child is injured or becomes ill while in their care.

Parent's Signature

Date

Notarial Certificate for Acknowledgment

County, North Carolina

I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she signed the foregoing document:

Date: _____
(Official Seal)

Name(s) of principals(s)

Official Signature of Notary

_____, Notary Public
Notary's printed or typed name

My Commission expires: _____