

MEDICAL AND LIABILITY RELEASE FORM

Parent's Name _____

Child/Participant's Name _____ Birthdate _____

Address _____

In Emergency, notify _____

Phone: Home _____ Work _____ Emergency _____

Name of your Physician _____

City, State _____ Phone _____

Insurance Information: If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child/participant is on a church-related activity.

Health Insurance Carrier: _____ Insurance Policy Number: _____

Medical History:

Asthma _____ Sinusitis _____ Bronchitis _____ Kidney trouble _____ Heart _____

Diabetes _____ Frequent Upset Stomach _____ Hay Fever _____

Epilepsy _____ Frequent Ear Infections _____

Allergies:

Food _____ Drugs _____ Insect Stings/Bites _____

Poison Sumac, Oak, or Ivy _____ Other _____

Current Medications _____

(All medicines, non prescriptions/prescriptions must be given to our church assigned trip medical supervisor. This person will administer all items noted above according to the prescription instructions. Any nonprescription will be administered as deemed necessary by the medical supervisor.)

Special Diet _____

Immunizations: Tetanus _____ Polio Booster _____ Measles _____ Mumps _____

Childhood Diseases: Chickenpox _____ Measles _____ Mumps _____

Whooping Cough _____ Other _____

I, the parent or legal guardian of _____, do grant the minister or sponsor in charge to obtain necessary medical attention in case of sickness or injury to my child/participant. I do hereby verify that the above information is correct and I do hereby release and forever discharge all sponsors and employees of Wright Baptist Church from any and all claims, demands, actions, or cause of action, past, present, or future arising out of any damage or injury while participating in any events, trips, or activities sponsored by Wright Baptist Church.

Dated this _____ day of _____, 20__

Parent Signature _____

Notary Public for the State of Florida, County of Okaloosa

The foregoing instrument was acknowledged before me this _____ day of _____, 20__, by _____, who is personally known to me or produced the following identification, _____.

Notary Public