

MEDICAL RELEASE/PERMISSION FORM

Central Baptist Church, Gaffney, SC

PERSONAL INFORMATION

Name: _____

SS# (optional): _____ Birthdate: ____/____/____ Age: ____ Gender: _____

Address: _____ City: _____ State: ____ Zip: _____

EMERGENCY CONTACT INFORMATION

Parent/Guardian: _____

Home Phone: (____) _____ Work Phone: (____) _____

Secondary Contact: _____ Relationship: _____

Home Phone: (____) _____ Work Phone: (____) _____

INSURANCE INFORMATION

Insurance Co.: _____ Group #: _____ Policy #: _____

Cardholder: _____ Relationship to Cardholder: _____

Insurance Co. Phone: (____) _____

PERSONAL MEDICAL INFORMATION

Physician's Name: _____ Physician's Phone: (____) _____

Physical limitations (asthma, diabetes, allergies, etc.) and/or special instructions (allergic to certain meds, rare blood type, wears contact lenses, etc.): _____

List all medications taken on a regular basis and/or any bringing with you to church event (prescription medications MUST have a pharmacy label and name of doctor): _____

List all operations/serious injuries and dates within the past 5 years: _____

EMERGENCY AUTHORIZATION/RELEASES

I, _____, as the parent or legal guardian of the named child/children, do hereby give permission for him/her/them to participate in any of the activities conducted by Central Baptist Church either at Central Baptist Church or outside location.

LIABILITY RELEASE: I, _____, also hereby release, forever discharge and agree to hold harmless Central Baptist Church and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever. Furthermore, I hereby assume all risk and personal injury, sickness, death, damage, and expense as a result of participation in these activities. Further, authorization and permission is granted to furnish any necessary transportation, food, lodging required for the activities. _____ further hereby agrees to hold harmless and indemnify Central Baptist Church, its directors, employees, for any liability sustained by Central as the result of the negligent, willful or intentional acts of the above named children/child, including expenses incurred attendant thereto.

MEDICAL RELEASE: I attest that the above named child/children is/are in good physical condition. Should any accident or illness occur, I will not hold Central Baptist Church or its staff/leaders responsible for medical aid rendered and will reimburse them for the medical and other expenses incurred. The above named child/children may receive necessary first aid. He/she may receive medical attention by any duly licensed physician, and may be admitted into a hospital in case of emergency.

DISASTER PREPAREDNESS: In case of disaster my child/children may be released into the care of a parent, legal guardian, or the above listed emergency contact persons.

CONSENT FOR PHOTOGRAPHS & VIDEOS: I hereby authorize and give full consent, without limitations or reservations, to Central Baptist Church, to publish any photographs or videos in which the above named students, parents, or grandparents appear while participating in any program with Central Baptist Church. There will be no compensation for use or any photographs or videos at the time of publication or in the future.

Signature of Parent/Guardian _____ Date: _____