

**2018/2019 CENTRAL BAPTIST CHURCH – DECATUR, AL  
MEDICAL, LIABILITY, & PHYSICAL RELEASE FORM**

(To be completed – one per child)

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_

Dad's Work # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Mom's Work # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

In Case of Emergency Notify \_\_\_\_\_ Phone # \_\_\_\_\_  
(individual other than those listed above)

Family Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_ Phone # \_\_\_\_\_

Family Dentist \_\_\_\_\_ Phone # \_\_\_\_\_

Dental Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_ Phone # \_\_\_\_\_

Immunizations (Lists dates if known): Tetanus \_\_\_\_\_ Polio Booster \_\_\_\_\_ Measles \_\_\_\_\_

Mumps \_\_\_\_\_ Other \_\_\_\_\_

**MEDICAL HISTORY**

(If you check any of the following, please provide any pertinent information)

Asthma \_\_\_\_\_ Sinusitis \_\_\_\_\_ Bronchitis \_\_\_\_\_ Kidney Trouble \_\_\_\_\_ Heart Trouble \_\_\_\_\_

Diabetes \_\_\_\_\_ Dizziness \_\_\_\_\_ Stomach Upset \_\_\_\_\_ Hay Fever \_\_\_\_\_ Other \_\_\_\_\_

Allergies (List Type)

Food \_\_\_\_\_

Penicillin or other drug (Name) \_\_\_\_\_

Insect Stings/Bites \_\_\_\_\_

Poison Sumac, Oak, or Ivy \_\_\_\_\_

Previous Operation or Serious Illnesses (List Types & Dates) \_\_\_\_\_

Any Current Medications (List) \_\_\_\_\_

Any Swimming or Activity Restrictions? (If "yes", please explain) \_\_\_\_\_

Special Diet (Name, with specifics) \_\_\_\_\_

Childhood Diseases: Chickenpox \_\_\_\_\_ Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Whooping Cough \_\_\_\_\_ Other \_\_\_\_\_

**(turn over)**

**LIABILITY & PHYSICAL LIKENESS RELEASE**

The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for my child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs. The undersigned does also hereby give permission for my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Central Baptist Church – Decatur, AL.

I release Central Baptist Church – Decatur, AL and the trip chaperones from liability for injury or accident, and do give my permission to secure proper medical attention for above named youth should the need arise. I understand that I will be financially responsible for any expenses incurred due to medical care, dental care, travel expenses, etc. as a result of a sports injury, accident, disease, or illness, and hereby release Central Baptist Church – Decatur, AL from any financial responsibility that may be incurred.

Every activity sponsored by this church is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, I agree to assume and accept all risks and hazards inherent in church sponsored activities. I also agree not to hold Central Baptist Church – Decatur, AL or its employees or volunteer assistants liable for damages, losses, or injuries to the person or property undersigned. The parent/guardian understands that they are signing for the minor listed on this form and that the signature is for both a medical and liability release.

I also give Central Baptist Church – Decatur, AL permission to place my child’s likeness (pictures and/or video) in any Central Baptist Student Ministry publication (flyers, posters, website, etc.). However, if I decline this permission, I will indicate by initialing here.

**PERMISSION FOR TREATMENT AND DISCHARGE**

The undersigned does hereby give permission to obtain necessary medical attention in case of illness, disease, accident, or injury to any staff member (employee) or sponsor (chaperone) of Central Baptist Church – Decatur, AL for my child, \_\_\_\_\_ (Participant’s Name), while on activities sponsored by Central Baptist Church – Decatur, AL. I authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray, examination, anesthetic, medical surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or specific supervision of any licensed health care practitioner or medical treatment facility. I, the undersigned, do hereby release, and forever discharge all staff member (employees) and sponsors (chaperones) and Central Baptist Church – Decatur, AL from any and all claims, demands, actions or causes of action, past, present, or future arising out of any damage or inquiry while participating in any activity sponsored by Central Baptist Church – Decatur, AL. I further accept financial and physical responsibility for the return of my child(ren), should the adult supervision find it necessary to send him/her/them home (as applicable).

Central Baptist Church – Decatur, AL will not be held responsible for anything that may happen as a result of false information given at the time of completion and notarization of this form.

Please notify the church office at (256) 353-5912 if the information on this form changes. This form will serve for all events sponsored and/or attended by Central Baptist Church – Decatur, AL from August 1, 2018 – July 31, 2019.

Please sign below – in the presence of a Notary Public:  
(youth under 18 years of age require parent/legal guardian signature)

Participant’s Signature (if 18 years of age or older): \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

Notary Public

On this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared before me \_\_\_\_\_,

personally known by me, & in my presence executed the within & foregoing permission & release form. Witness

my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My Commission expires \_\_\_\_\_

Signed: \_\_\_\_\_