

**2021 - 2022 CENTRAL BAPTIST CHURCH – DECATUR, AL**  
**MEDICAL, LIABILITY, TRANSPORTATION & PHYSICAL RELEASE FORM**  
(To be completed – one per person)

\*\* This form is completed for (circle one):    MYSELF                    MY MINOR CHILD

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Home Phone # \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_ Cell Phone # \_\_\_\_\_

In Case of Emergency Notify \_\_\_\_\_ Phone # \_\_\_\_\_  
(individual other than self or parents)

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

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

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

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

For Minor Child:

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

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

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

**MEDICAL HISTORY**

(If you check any of the following, please provide any pertinent information. Attach additional form if necessary.)

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 \_\_\_\_\_

Other \_\_\_\_\_

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) \_\_\_\_\_

**(turn over)**

**LIABILITY, TRANSPORTATION & 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 person identified above pursuant to this authorization. Should it be necessary for me or my child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs. I, the undersigned, give my consent for the person identified above to be transported by Central Baptist Church - Decatur, AL and will assume all liability for my/their participation in this activity/event and any injury that may result during the transport or at the event/activity.

I release Central Baptist Church – Decatur, AL and its officers, agents, employees, assigns or anyone acting on its behalf, from liability for injury or accident, and do give my permission to secure proper medical attention for above named person 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 an injury, accident, disease, or illness, and hereby release Central Baptist Church – Decatur, AL from any financial responsibility that may be incurred.

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 officers, agents, employees, assigns or anyone acting on its behalf, liable for damages, losses, or injuries to the person or property undersigned. The undersigned understands that they are signing for themselves or the minor listed on this form and that the signature is for medical, transportation, and liability release.

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

**PERMISSION FOR TREATMENT AND DISCHARGE OF MINOR CHILD**

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).

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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 as of and after the date below and is valid through July 31, 2022.

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\_\_\_\_.

<sup>1</sup>My Commission expires \_\_\_\_\_ Signed: \_\_\_\_\_

\_\_\_\_\_