wall highway baptist church

Children's Ministry, 2010
Medical Release and Permission Form

Name: _____ Date of Birth _____
Last First Middle

Age: _____ Current School Grade _____ Male _____ Female _____

Address _____
Street City State Zip

Parent's Name (Father)_____ Home Phone: _____ Cell Phone: _____

Parent's Name (Mother) _____ Home Phone: _____ Cell Phone: _____

Insurance Company _____

Name of Primary Contract Holder _____

Policy Number _____ Group Number _____

Physician's Name _____ Office Phone _____

Food Allergies _____

Allergies to Medications _____

List medications taken on a regular basis _____

Does child have any fears or anxieties that would need to be made known to assist him/her? _____

_____

Alternate Emergency Contact _____
Name Phone

_____ has my permission to attend all children's ministry activities sponsored by
Name of Child

Wall Highway Baptist Church during the year 2010.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry, event, or sports related activities, and I/We hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/We consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/We agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/We also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the children's ministries staff member.

Parent/Guardian Signature _____ Date: _____