

**MEDICAL RELEASE FORM**

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_ Work # \_\_\_\_\_

Emergency Contact (Other Than Parent) \_\_\_\_\_ Phone # \_\_\_\_\_

Primary Care Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Health History (Please explain any conditions we should be aware of): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any know allergies (medications, food, insect stings, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any current medications: \_\_\_\_\_

\_\_\_\_\_

Other conditions of which FBCC or a treating physician should be aware of: \_\_\_\_\_

\_\_\_\_\_

Swimming restrictions?  Yes  No

Activity restrictions?  Yes  No

**PLEASE FILL OUT BACK OF FORM**

## Insurance Information

Insurance Company \_\_\_\_\_ Group # \_\_\_\_\_

Policy Number \_\_\_\_\_ Name of Policy Holder \_\_\_\_\_

Insurance Company Phone Number (\_\_\_\_\_) \_\_\_\_\_

## Liability Release

Every activity sponsored by First Baptist Church of Conyers 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, you agree to assume and accept all risks and hazards inherent in church-related social and sport activities including transportation to and from activities. You also agree that you will not hold First Baptist Church of Conyers or its employee or volunteer assistants liable for damages, losses or injuries to the person names on this form. You understand that this form and your signature are for both medical and liability release.

## Minor's Liability Release

I give permission for my child, \_\_\_\_\_, to participate in all activities as part of the ministry of [First Baptist Church of Conyers of Conyers, Georgia] As parent or legal guardian of said minor, I accept full responsibility for any medical costs incurred in the event of an accident or other incident requiring medical treatment. I release First Baptist Church of Conyers from any liability, in the event of an emergency in which my child is in need or immediate hospitalization, medical attention or surgery, and after reasonable efforts have been made to contact me or my spouse and we cannot be located for the purpose of consenting thereto, consent for the emergency attention may be given to any person standing in loco parentis to my child. It is understood that my child will obey all regulations and follow instructions of the leaders. I agree to pay any expenses including the cost of my son/daughter being sent home if discipline is deemed necessary.

The above Liability and Medical Release covers any and all activities sponsored by or associated with First Baptist Church of Conyers.

\_\_\_\_\_  
Signature (Please Print)

\_\_\_\_\_  
Signature of Parent (if participant is a minor)

\_\_\_\_\_  
Date

***The following is to be completed by the Notary Public witnessing the individuals signature:***

***The State of: \_\_\_\_\_, the County of \_\_\_\_\_ . Before me, a Notary Public,***

***\_\_\_\_\_ appeared before me and acknowledge his/her acceptance and  
(Parent/Guardian)***

***execution of this document the \_\_\_\_\_ day of the month \_\_\_\_\_ in the year \_\_\_\_\_.***

\_\_\_\_\_  
Notary Signature

Notary Seal