

# Frederica Baptist Church Liability and Medical Release Form

Name \_\_\_\_\_ S.S. No. \_\_\_\_\_

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

Home Phone No. \_\_\_\_\_

Parent/Guardian First Names (last names if different) \_\_\_\_\_

Emergency Numbers (please include cell phones and work numbers)  
\_\_\_\_\_

Please list below two (relative or neighbor) persons who could assume temporary care of your Child if we are unable to contact you.

1. Name \_\_\_\_\_ Phone \_\_\_\_\_
2. Name \_\_\_\_\_ Phone \_\_\_\_\_

Please list any medical conditions or Allergy information: \_\_\_\_\_  
\_\_\_\_\_

Preferred Physician: \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy/Group# \_\_\_\_\_

1. I hereby give permission for my child to participate in all events sponsored by Frederica Baptist Church for the full calendar year starting on \_\_\_\_\_. I release and agree to hold harmless Frederica Baptist Church and the adult sponsors from any and all liability, claims or demands for personal injury, as well as damage and expenses, of any nature that occur while the child is participating in any events.
2. If my child should become ill or injured at a Frederica Baptist Church activity, I will expect my child to receive the proper care and that the church/sponsors will a) contact me immediately or b) contact the person(s) I have designated if I cannot be reached.
3. Should the adult sponsor/staff be unable to reach me and/or the person(s) designated, they are authorized to contact my child's physician and arrange for immediate emergency treatment.
4. The physician or medical facility is authorized to administer emergency medical treatment necessary to ensure the health and safety of my child. I agree to be financially responsible for emergency medical payments due to services rendered to my child in case of illness or injury.
5. In case of minor injury, I authorize the church to provide first aid.
6. I further understand and agree that in the event that the above named child is involved in any non-Christian or dangerous activities, I will pay his or her expenses to be sent home immediately at the discretion of the approved sponsors and/or church representatives.

## Special Medical Needs While Away

7. My child has my permission to take this/these medication(s). List any special medical needs or medications which your child will need to take while away:  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

State of Georgia  
Glynn County

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Notary Public: \_\_\_\_\_