

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 teen 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 teen 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 teen is participating in any events.
2. If my teen should become ill or injured at a Frederica Baptist Church activity, I will expect my teen 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 teen'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 teen. I agree to be financially responsible for emergency medical payments due to services rendered to my teen 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 teen 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 teen has my permission to take this/these medication(s). List any special medical needs or medications which your teen 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: _____