

2023 Medical Release Form

Name: _____ Age: _____

Mailing address: _____ Zip: _____

Phone Number: _____ DOB: _____

Parent's Names: _____ Grade _____

Email Address _____

Medical Care & Medical Information Authorization

TO THE ATTENDING PHYSICIAN, HOSPITAL AND STAFF:

Permission is hereby granted for you at the discretion of the staff and/or sponsors of Southside Baptist Church to perform whatever care is necessary for the welfare of my child until such time as you are able to reach us personally.

_____ Permitted: _____

Date

(Name & Relation to Child)

***Must be natural or adoptive parent, or legal guardian**

Transportation Permission

I, _____, also give my child permission to ride the church bus, or designated leader vehicles during church activities, trips and events. All leaders receive background checks. At no time will a leader be alone with a child in a vehicle, unless such transport is specifically requested by a parent.

Liability Release

I, _____, do hereby release absolve, indemnify and hold harmless Southside Baptist Church, the organizers, sponsors, and supervisors from any and all loss, injury, or other damage to us or the above named person arising out of their participation in church sponsored events. In case of injury to our child, we hereby waive all claims against the organizers, the sponsors, or any of the supervisors appointed by them. We likewise release from responsibility any person transporting our child to and from the activities.

_____ Signature: _____

Date

(Name and Relation to Child)

***Must be natural, or adoptive parent, or legal guardian**

Media Release - *Please initial one of the following:*

_____ I consent to my child's image being used on our social media pages, website, emails and in-house marketing.

_____ I do NOT consent to my child's image being used.

Hospitalization Insurance:

Company: _____

Policy Number: _____

Certificate Number: _____

Name of Insured: _____

Immunization: (Date Received) _____ Tetanus: _____

Name of Physician(s): _____

Phone Number: _____

Allergies & Medicine:

List known allergies: _____

List any permanent prescription drugs your child is presently taking; state frequency and dosage: _____

Persons to be contacted in case of emergency:

Name: _____ Home Phone: _____

Mobile Phone: _____

Office Phone: _____

Other: _____ Home Phone: _____

Mobile Phone: _____

Office Phone: _____