# 2026 Medical Release Form (ADULT)

Name:_____ DOB:_____

Address:_____ Zip:_____

Phone Number:_____ Email _____

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## 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 my welfare until such time as I am able to make decisions personally.

_____Permitted:_____

Date (Signature)

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## Transportation Permission

I, _____, give consent to ride the church bus, or designated leader vehicles during church activities, trips and events.

## 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/myself arising out of my participation in church-sponsored events. In case of injury to myself, I 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 me to and from the activities.

_____ _____

Date Signature

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

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

_____ I do NOT consent to my 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 you are presently taking; state frequency and dosage:_____

_____

## Persons to be contacted in case of emergency:

Name:_____Phone:_____

Alternate Phone:_____

Other:_____ Phone:_____

Alternate Phone:_____