

# Medical/Liability

## Release Form 2019-2020

Permission for participation waiver and release for activities sponsored by  
West Cannon Baptist Church September 1, 2019-August 31, 2020



### Parent/Guardian Information

Parent/Guardian Names \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Primary # (\_\_\_\_) \_\_\_\_\_ Family E-mail \_\_\_\_\_  
 Father's Cell # (\_\_\_\_) \_\_\_\_\_  ok to text Father's Work # (\_\_\_\_) \_\_\_\_\_  
 Mother's Cell # (\_\_\_\_) \_\_\_\_\_  ok to text Mother's Work # (\_\_\_\_) \_\_\_\_\_

### Child(ren) Information

M  F Child #1 \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_  
 Student Cell \_\_\_\_\_ Student email \_\_\_\_\_  
 Allergies/Conditions\* \_\_\_\_\_

M  F Child #2 \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_  
 Student Cell \_\_\_\_\_ Student email \_\_\_\_\_  
 Allergies/Conditions\* \_\_\_\_\_

M  F Child #3 \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_  
 Student Cell \_\_\_\_\_ Student email \_\_\_\_\_  
 Allergies/Conditions\* \_\_\_\_\_

*\*Please attach a sheet to explain medications or allergies if necessary.*

### Emergency Contact *In case of emergency, the care provider will first try to contact parents. If they cannot be reached, contact the following in this order:*

Contact #1 \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_  
 Contact #2 \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_  
 Physician \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_  
 Hospital Preference \_\_\_\_\_

### Insurance Information *Please attach a copy of the front and back of your insurance card*

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_  
 Name of Card Holder \_\_\_\_\_ Group # \_\_\_\_\_

### Statement of Consent *Please check the appropriate box to indicate that (yes) you consent, or (no) you do not consent to the following:*

#### MEDICAL ATTENTION

Y  N *In the event of an emergency situation requiring medical treatment, I grant permission for any and all medical and/or dental attention to be administered to the above named child(ren), in the event of an accidental injury or illness, until such time as I can be contacted. This permission includes, but is not limited to, the administration of first aid, the use of an ambulance, and the administration of anesthesia and/or surgery, under the recommendation of qualified medical personnel.*

#### TRANSPORTATION

Y  N *I authorize West Cannon Baptist Church to transport the above named child(ren) to offsite events and activities.*

#### PICTURE, NAME, VOICE & LIKENESS

Y  N *I grant permission to West Cannon Baptist Church to use images, photos, and audio visual materials including a picture, name, voice and/or likeness of the above named child(ren) in West Cannon publications or promotions (printed materials, on our web site, our Facebook page, in videos or other media presentations to be used for church).*

Signature \_\_\_\_\_ Date \_\_\_\_\_