

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 _____

Allergies/Conditions* _____

M F Child #2 _____ Birth Date ____/____/____ Grade _____

Allergies/Conditions* _____

M F Child #3 _____ Birth Date ____/____/____ Grade _____

Allergies/Conditions* _____

M F Child #4 _____ Birth Date ____/____/____ Grade _____

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 _____