

First Baptist Church of Ashland

Medical and Liability Release Form

Student Information

Name _____ Birthday _____ Grade _____
Address _____ Phone _____ Cell _____
City _____ State _____ Zip _____ Email _____

Emergency Information

Parent/Guardian _____ Home Phone _____
Work Phone _____ Cell Phone _____ Email _____

Alternate Contact

Name _____ Phone *H* _____ *W* _____
Doctor _____ City _____ Phone _____
Do you have health insurance? Yes No
Name of medical insurance carrier _____ Policy # _____
Carrier's Address _____

Health History

Allergies

- Drug Allergies
- Asthma
- Hay fever
- Insect stings
- Other _____

Major Problems

- Diabetes
- Cardiac
- Nervous disorder
- Epilepsy
- Frequent colds
- Frequent stomach upset
- High blood pressure
- Chronic asthma
- Physical handicap
- Emotional handicap
- Mental handicap
- Other _____

Please fill out questions on reverse side.

OVER →

Medical Release

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If you checked any of the major problem areas on the last question, please give details (include normal treatment of allergic reaction).

Date of last tetanus shot _____

Name and dosage of any medications that must be taken _____

Activity restrictions? Yes No What activity?_____

Swimming restrictions? Yes No _____

Diet restrictions? Yes No What restrictions?_____

Every activity sponsored by First Baptist Church of Ashland is carefully planned and adequately staffed by mature adults. However, even with the best of planning and precautions, unforeseen events can occur. By signing this form, the parent/guardian agrees to assume and accept all risks and hazards inherent in church-related social activities. They also agree not to hold this church or its employees or volunteer assistants liable for damages, losses, or injuries to the person named on the front of this form. The parents/guardians understand that they are signing for the minor listed and the signature is for both a medical and liability release.

This health history is correct, so far as I know. In the event I cannot be reached in an emergency during the dates specified on this form, I hereby give my permission to the physician or dentist selected by the church leadership of First Baptist Church of Ashland to hospitalize, to secure proper treatment, and/or to order an injection, anesthesia, or surgery for my child as deemed necessary. I realize that I will be contacted at the earliest possible moment in case of such an emergency.

This authorization shall remain in effect from May 1, 2003 to September 1, 2004 unless revoked in writing and delivered to the Youth Coordinator of First Baptist Church of Ashland.

DATE

SIGNATURE OF PARENT(S) or LEGAL
GUARDIANS
