



Emmanuel Baptist Church

MEDICAL & LIABILITY RELEASE FORM

THIS FORM IS GOOD THROUGH December 31, 2022

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

IN EMERGENCY, NOTIFY _____

PHONE#: _____

DOCTOR: _____

BIRTHDATE: _____

HEALTH HISTORY:

- | | |
|--------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> ALLERGIES: | <input type="checkbox"/> CHRONIC ASTHMA: |
| <input type="checkbox"/> INSECT STINGS: | <input type="checkbox"/> DIABETES: |
| <input type="checkbox"/> DRUGS: | <input type="checkbox"/> FREQUENT STOMACH |
| <input type="checkbox"/> OTHER: | UPSETS: |
| <input type="checkbox"/> OTHER CONDITIONS: | <input type="checkbox"/> EPILEPSY: |
| <input type="checkbox"/> HEART: | <input type="checkbox"/> PHYSICAL HANDICAP: |
| <input type="checkbox"/> FREQUENT COLDS: | <input type="checkbox"/> OTHER |

If you checked any of the above, please give details (i.e. include normal treatment of allergic reactions):

Name and dosage of any medication that must be taken: _____

Any activity restriction? _____ Yes _____ No

If yes? What restrictions? _____

Our church's insurance is only secondary insurance. If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your son or daughter is on a church-related activity.

Do you have health insurance? _____ Yes _____ No

If yes: NAME OF CO. _____

NAME OF INSURED: _____

POLICY #: _____

PHONE #: _____

“In the event I cannot be reached in an emergency during the date specified on this form, I here give my permission to the physician or dentist selected by the church leadership to hospitalize, to secure proper treatment, and/or order and injection, anesthesia, or surgery for my son or daughter as deemed necessary.”

Parent/Guardian initials: _____

LIABILITY RELEASE:

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

Parents or Guardian's signature:
