

**MEDICAL RELEASE FORM**

Woodmont Baptist Church Events

Dates: Jan 1, 2018 through December 31, 2019

Name: \_\_\_\_\_ Age: \_\_\_\_\_ SS# \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

In Case of Emergency Notify: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Guarantor \_\_\_\_\_ Guarantor's SS# \_\_\_\_\_

Family Insurance company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Immunizations: \_\_\_ Tetanus \_\_\_ Polio Booster \_\_\_ Measles \_\_\_ Mumps

\*\*\* I authorize that my child is permitted to have a non-drowsy Dramamine \_\_\_ yes \_\_\_ no

\*\*\*\*\*

ALLERGIES: \_\_\_\_\_

\_\_\_\_\_

Previous operations or serious illnesses: \_\_\_\_\_

Current Medications begin taken: \_\_\_\_\_

Special Diet: \_\_\_\_\_

\*\*\*\*\*

Being the parent or legal guardian of \_\_\_\_\_, I \_\_\_\_\_

Do consent to any x-ray, anesthetic, medical, surgical, or dental diagnosis or treatment that may be deemed necessary for my minor child. Further, I understand that all efforts will be made to contact me prior to treatment. In the event I cannot be reached in an emergency, I give permission to the Youth Leader, or Chaperone to make decisions necessary for treatment. Should there be no Youth Leader, or Chaperone available, I give permission to the attending physician to treat my minor child. I further understand that the doctors, dentists, and other providers attending to my child will take all reasonable safety precautions during their care.

I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all sponsors and Woodmont Baptist Church from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while participating in any 2015-2016 event.

Dated this \_\_\_ day of \_\_\_\_\_, 20\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_

Signature \_\_\_\_\_

On this the \_\_\_ day of \_\_\_\_\_, 20\_\_\_, personally appeared before me

\_\_\_\_\_, personally known by me, and in my presence executed the within

and forgoing permission and release form. Witness my hand and official seal this \_\_\_\_\_ day of

\_\_\_\_\_, 20\_\_\_\_. My commission expires \_\_\_\_\_.

\_\_\_\_\_  
Notary Public