

MEDICAL RELEASE FORM

Woodmont Baptist Church Youth 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