

# Bethesda Baptist Church

# Medical Release Form for Activities and Events

Please Print

Today's Date \_\_\_\_\_ A new form will need to be completed each year.

<u>Name</u>	<u>Age &amp; Grade</u>	<u>DOB</u>	<u>Allergies/ Reactions</u>	<u>Medical Conditions/ Restrictions</u>	<u>Current Medications</u>
Parent 1					
Parent 2					
Child 1					
Child 2					
Child 3					
Child 4					

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

Email \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_

Parent 1: Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

Parent 2: Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

Emergency Contact (other than parents) \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Physician (Adults) \_\_\_\_\_ Phone \_\_\_\_\_ Pediatrician (Children) \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Are you a member of Bethesda Baptist Church? ☐ Yes ☐ No If not, are you a member of another church? ☐ Yes ☐ No Church \_\_\_\_\_

My permission is granted for the minister or sponsor in charge to obtain necessary medical attention in case of sickness or injury. I do verify that the above information is correct and I do hereby release and forever discharge all sponsors and employees of Bethesda Baptist Church from any and all claims, demands, actions, or cause of action, past, present and future arising out of any damage or injury while participating.

My signature also verifies that I have read and will abide by the policies of the Bethesda Baptist Family Life Center. BBC reserves the right to cancel membership at any time. I, the undersigned, do hereby verify that the above information is correct and I further acknowledge that the signature below is valid for all of the applicants listed on this form.

Signature \_\_\_\_\_  
(If younger than 18 years old parent or guardian must sign)

Date \_\_\_\_\_

## FOR OFFICE USE ONLY

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

Signature \_\_\_\_\_