



West Cannon Baptist Church Medical/Liability Release Form



Activity: ALL PROGRAMS/ACTIVITIES

Dates: August 1, 2009–September 30, 2010

Personal Information:

Name:	Birth Date	Grade:
Name:	Birth Date	Grade:
Name:	Birth Date:	Grade:
Name:	Birth Date:	Grade:

Parents Names: _____ Home Phone : () _____

Family Address, City, & Zip: _____

Father Cell : () _____ Mother Cell Phone: () _____

Father's Work : () _____ Mother's Work : () _____

Your Church: _____ School: _____

Emergency Contact Person: _____ Phone: () _____

Emergency Contact Person: _____ Phone: () _____

Insurance Information:

Insurance Company:	Policy #:
Hospital Preference:	Group #:
Doctor's Name:	Doctor's Phone :
List any medical allergies, medication being taken, medical problems, or other pertinent information:	

******* Attach a copy of the front and back of your insurance card!*******

I understand that if medical intervention is needed for this child during this activity, every attempt will be made to consult the contact persons listed on this form. If, however, those persons cannot be reached, I give my permission to the activity leaders to secure the services of a licensed physician or surgeon to provide medical treatment, including anesthesia, that is deemed necessary for the well-being of this child.

I understand all reasonable safety precautions will be taken at all times by West Cannon Baptist Church and its agents during events, trips and activities. I also understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree to release, forever discharge and hold harmless West Cannon Baptist Church, its leaders, employees, and volunteer staff from any and all liability and claims for damages, losses, sickness of injury incurred by this child.

Parent or Guardian Signature: _____ Date: _____