

# Tom's Creek Baptist Church Medical Release

Household Name (last) \_\_\_\_\_

Name of Child/children & Adults (list all participants) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Home phone number \_\_\_\_\_

Cell phone number \_\_\_\_\_ Parent Email: \_\_\_\_\_

## Functions and Activities:

It is my understanding that participating in the programs and recreational and other activities of **Tom's Creek Baptist Church (TCBC)** is a privilege. I acknowledge that there are certain risks associated with the activities including, by way of example, physical injury due to activity related accidents, physical injury due to transportation related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware. I understand that the named above will be participating in various trips and activities through **TCBC**, such as Sunday school, Summer trips, seasonal celebrations and other activities consistent with the purposes of the church.

## Release of Liability:

By signing this Permission/Waiver Form, I expressly warrant that the named above is/are capable of withstanding the physical demands of the activities discussed above. I also expressly assume all risks of the child or me participating in the activities, whether such risks are known or unknown to me at this time. I further release **TCBC** and its ministers, leaders, employees, volunteers, or agents. I further agree to indemnify and hold harmless **TCBC** and its ministers, leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child during such activities.

## First Aid and Emergency Medical Treatment:

I recognize that there may be occasions where the named above may be in need of first aid or medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of **TCBC** to seek and secure any medical attention or treatment for the child named above, including hospitalization, if in the agent's opinion such need arises. I agree to pay all fees and costs arising from this action to obtain medical treatment. I give permission for attending physicians(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment.

## Publicity:

On occasion, **TCBC** takes photographs or makes an audio or video tape recording of children and/or adults involved in church activities. Such photographs and audio/visual recordings may be used in **TCBC** publications or advertising materials to let others know about our ministry. I consent to the use of any such audio or visual record of the named above to be used, distributed, or displayed as agents of the church see fit. This consent includes but is not limited to: photographs, videotape, and audio recordings.

## Health Insurance Information:

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Policy holder \_\_\_\_\_ Relationship \_\_\_\_\_

PLEASE LIST IMPORTANT MEDICAL HISTORY, SPECIAL MEDICAL NEEDS OR CONCERNS, MEDICATIONS, ALLERGIES, DIETARY NEEDS, CONDITIONS AND/OR OTHER INFORMATION ABOUT YOUR CHILD/CHILDREN:

\_\_\_\_\_  
\_\_\_\_\_

## Emergency Contact

Name \_\_\_\_\_ Phone number: \_\_\_\_\_

## Parent/ Guardian Authorization:

I represent that I am the parent/guardian of the name listed above. I have read the above Permission/Waiver Form of **TCBC**. I hereby consent to the Permission/Waiver Form, including the Release of Liability above, on behalf of the names above, and agree that this Permission/Waiver Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns. I also understand that it is my responsibility to see that the information on this form is updated when there are any changes in my child's medical status, etc.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Print name of Parent/ Guardian \_\_\_\_\_

# Tom's Creek Baptist Church Medical Release

**Adult Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

List any physical limitations that might hinder your participation in youth activities (migraines, allergies, seizures, nervousness, etc.) \_\_\_\_\_

Should you require medical attention at any time during church activities list any special instructions which you might require and would be helpful to a physician (rare blood type, allergies to medications, etc.) \_\_\_\_\_

**Adult Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

List any physical limitations that might hinder your participation in youth activities (migraines, allergies, seizures, nervousness, etc.) \_\_\_\_\_

Should you require medical attention at any time during church activities list any special instructions which you might require and would be helpful to a physician (rare blood type, allergies to medications, etc.) \_\_\_\_\_

**Child's Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

List any physical limitations that might hinder your participation in youth activities (migraines, allergies, seizures, nervousness, etc.) \_\_\_\_\_

Should you require medical attention at any time during church activities list any special instructions which you might require and would be helpful to a physician (rare blood type, allergies to medications, etc.) \_\_\_\_\_

**Child's Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

List any physical limitations that might hinder your participation in youth activities (migraines, allergies, seizures, nervousness, etc.) \_\_\_\_\_

Should you require medical attention at any time during church activities list any special instructions which you might require and would be helpful to a physician (rare blood type, allergies to medications, etc.) \_\_\_\_\_

**Child's Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

List any physical limitations that might hinder your participation in youth activities (migraines, allergies, seizures, nervousness, etc.) \_\_\_\_\_

Should you require medical attention at any time during church activities list any special instructions which you might require and would be helpful to a physician (rare blood type, allergies to medications, etc.) \_\_\_\_\_