

# Branch's Baptist Church

## Medical and Liability Release Form

### Student Information

Name \_\_\_\_\_ Birthday \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_  
street city state zip

Email \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

### Emergency Contact Information

Parent/Guardian \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Alternate Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Work \_\_\_\_\_ Cell \_\_\_\_\_

### Medical Information

Doctor \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

Do you have insurance?  Yes  No Name of Insured \_\_\_\_\_

Name of medical carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Carrier's Address \_\_\_\_\_  
street city state zip

### Health History

#### Allergies

- Drug Allergies
- Asthma
- Hay Fever
- Insect Stings
- Other \_\_\_\_\_

#### Major Problems

- Diabetes
- Cardiac
- Nervous Disorder
- Epilepsy
- Frequent Colds
- Frequent stomach upset
- High Blood Pressure
- Chronic Asthma
- Physical Handicap
- Emotional Handicap
- Mental Handicap
- Other \_\_\_\_\_

If you checked any major health problem areas on the above question, please give details (include normal treatment of allergic reaction).

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Date of last tetanus shot \_\_\_\_\_

Name and dosage of any medications that must be taken \_\_\_\_\_

\_\_\_\_\_

Activity Restrictions?       Yes       No      Details: \_\_\_\_\_

Swimming Restrictions?       Yes       No      \_\_\_\_\_

Diet Restrictions?       Yes       No      \_\_\_\_\_

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Every activity sponsored by Branch's Baptist Church is carefully planned and adequately staffed by mature adults. However, even with the best of planning and precautions, unforeseen events can occur. By signing this form, the parent/guardian agrees to assume and accept all risks and hazards inherent in church-related social activities. They also agree not to hold this church or its employees or volunteer assistants liable for damages, losses, or injuries to the person named on the front of this form. The parent/guardian understands that they are signing for the minor listed and the signature is for both a medical and liability release.

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This health history is correct, so far as I know. In the event I cannot be reached in an emergency, I hereby give my permission to the physician or dentist selected by the church leadership of Branch's Baptist Church to hospitalize, to secure proper treatment, and/or order an injection, anesthesia, or surgery for my child as deemed necessary. I realize that I will be contacted at the earliest possible moment in case of such an emergency.

Date	Signature of Parent(s) or Legal Guardian(s)
_____	_____
_____	_____