

First Baptist Church Barnwell
161 Allen Street
Barnwell, South Carolina 29812
(803) 259-1129

MEDICAL PERMISSION AND RELEASE FORM

Name _____ Phone _____

Address _____ Zip _____

Date of Birth _____ SS Number _____

Parent's Name _____ SS Number _____
_____ SS Number _____

In case of emergency, Notify: _____

Home Phone _____ Work Phone _____

Family Physician _____ Phone _____

Primary Insurance Company _____
Policy # _____

Secondary Insurance Company _____
Policy # _____

Immunizations: Tetanus _____ Polio Booster _____ Measles _____
Mumps _____ Other _____

Allergies: Food _____ Drugs _____
Insect Stings or Bites _____

Previous Serious Illnesses _____

Current Medications _____

Special Diet _____

Childhood Diseases: Chicken Pox _____ Measles _____ Mumps _____
Whooping Cough _____ Other _____

(PLEASE TURN OVER AND COMPLETE THE OTHER SIDE)

I hereby authorize Barnwell First Baptist Church to take my child to the above named physician or facility for medical treatment in the event of an emergency in which neither parent can be reached.

Signature Date

I hereby authorize any licensed physician or medical treatment center to treat my child in case of and emergency in which the above name physician cannot respond.

Signature Date

I hereby authorize First Baptist Church of Barnwell to transport my child to and from church, on field trips or on other church sponsored activities.

Signature Date

PLEASE ATTACH A COPY OF INSURANCE CARD (Copy machine available at the church office.)

The undersigned participant and, if participant is a minor, the legal custodian thereof, hereby consent of the participation of participant in the above-referenced activity conducted under the sponsorship of First Baptist Church, Barnwell County, South Carolina, an incorporated organization; it's agent, servant, and member. In making such consent, participant and custodian acknowledge that they understand that there are risks to both person and property associated with engaging in such activity, and they hereby consent to assume such risk.

In consideration of granting permission by First Baptist Church, its' agents, servants, and members for the participation in such activity by participant and custodian hereby, release and exonerate First Baptist Church, its agents, servants, and members from any and all liability of every kind and nature pertaining to such activity or the participation therein by participant. Participant and custodian expressly covenant not to sue and do hereby waive and relinquish whatever right either may have or which otherwise might accrue against the First Baptist Church, its agents, servants, and members by virtue of the sponsorship and supervision of such activity and the participation therein by participant.

Participant and custodian hereby authorize and consent to any x-ray examination, anesthesia, medical or surgical diagnosis or treatment, and hospital care to be rendered to participant under the general or special supervision, and on the advise of a licensed physician, surgeon, anesthesiologist, dentist, or other qualified medical personnel acting under their supervision.

The consent, waiver and release provisions hereof shall remain in full force and effect until written notice of revocation or withdrawal is received by First Baptist Church at its office at 161 Allen Street, Barnwell County, South Carolina.

PARTICIPANT DATE

PARENT OR GUARDIAN DATE