

SWIFT CREEK BAPTIST CHURCH

AGE: _____ F M

STUDENT

MEDICAL & LIABILITY RELEASE FORM

GRADE LEVEL: _____

(Please Use Black or Blue INK and PRINT)

T-SHIRT SIZE: _____

STUDENT'S NAME: _____ BIRTH DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ STUDENT'S CELL: _____

STUDENT'S EMAIL: _____

NAMES OF PARENTS/GUARDIANS: _____

MOM'S CELL PHONE: _____ DAD'S CELL PHONE: _____

MOM'S EMAIL: _____

DAD'S EMAIL: _____

IN EMERGENCY, NOTIFY: _____

PHONE: (Home) _____ (WORK) _____

CELL PHONE: _____ CELL PHONE: _____

FAMILY DOCTOR: _____ PHONE: _____

INSURANCE COMPANY: _____ PHONE: _____

POLICY NUMBER: _____ GROUP #: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HEALTH HISTORY: Date of last tetanus shot: _____

Allergies: _____

Medications currently taking and dosage that must be taken:

Conditions:

___Chronic asthma ___Diabetes ___Epilepsy ___Frequent colds ___Hay fever

___Heart condition ___HIV/AIDS ___Physical handicap ___Frequent stomach upsets

If you checked any of the above, please give details (i.e., include normal treatment of allergic reactions):

Any other conditions not listed above, please explain: _____

Any swimming restrictions: ___Yes___No Any activity restrictions: ___Yes___No

What restrictions: _____

Our church's insurance is excess insurance. If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your son or daughter is participating in a church-related activity.

In the event that I cannot be reached in an emergency during the dates specified on this form, I hereby give my permission to the physician or dentist selected by the church leadership to hospitalize, to secure proper treatment, and/or order an injection, anesthesia, or surgery for my son or daughter as deemed necessary.

LIABILITY RELEASE

I hereby consent to my child's participation in church sponsored events and assume and accept all risks and hazards to person or property inherent in those events. I release absolutely, hold harmless and covenant not to sue Swift Creek Baptist Church, its employees or volunteers from any present or future liability, whether asserted by me or a third party, arising out my child's participation in church event activities including such claims arising from the NEGLIGENCE of Swift Creek Baptist Church, its employees or volunteers. I agree to indemnify Swift Creek Baptist Church from any costs associated with defending or litigating any claims brought by me or a third party, including but not limited to attorney fees, costs, and legal expenses.

This form is valid for (1) one year from the date of signature.

MEDIA CONSENT

I give my consent and permission for the taking of photographs and/or video of my student during church related events and waive and/or assign any and all rights (including copyright) in such media to Swift Creek Baptist Church for promotional use in print and online. Swift Creek Baptist Church will not use their full names with the picture of the students on their website.

MEDICINE APPROVAL

Place your initials (DO NOT CHECK OR PLACE AN "X") on the line by each medication we can give your child (upon request) from our emergency supply box. For any medications you initial, you will not have to send a supply of that particular medication.

_____ Acetaminophen (Tylenol) _____ Benadryl _____ Dramamine (motion sickness)
_____ Ibuprofen (Advil or Motrin) _____ Pepto Bismol

Parent or Guardian's Signature: _____ Date: _____

NOTARY INFORMATION

The following is to be completed by the notary witnessing parent/guardian's signature.

City/County of _____
Commonwealth of Virginia

On this date the person(s) who are signed above personally appeared before me, being personally known by me, and in my presence executed this authorization and release form. Witness my hand and official seal this date (____/____/201__).

_____ Notary Public

My commission expires ____/____/____.

Commission # _____.