

2017 MEDICAL AND LIABILITY RELEASE FORM

First Baptist Church of Tuscaloosa

Name _____ Birthdate / Age _____

Address _____

City _____ Zip _____ Phone _____

School _____ Grade _____

Parent's Name _____ Social Security # _____

In Emergency, notify _____ Phone _____

Name of your Physician _____

City _____ Zip _____ Phone _____

HEALTH HISTORY: allergies and other conditions

- ___ Insect Allergies ___ Drug Allergies ___ Other Allergies
___ Frequent Colds ___ Heart ___ Athsma
___ Physical Handicap ___ Epilepsy ___ Hay Fever
___ Frequent stomach upsets ___ Diabetes

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

Date of last tetanus shot: _____

Name and dosage of any medications that must be taken: _____

Swimming Restrictions: ___ No ___ Yes Explain _____

Activity Restrictions: ___ No ___ Yes Explain _____

Our Church's insurance is only secondary insurance. If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child is on a church-related activity.

Do you have health/medical insurance? ___ Yes ___ No

If "yes", Name of Co.: _____ Policy # _____

Address: _____ Phone: _____

Consent to Medical Treatment: In the event a Parent or Guardian cannot be reached in an emergency, I hereby give permission to the physician, dentist or other health care provider selected by the authorized representative of First Baptist Church, Tuscaloosa, AL to provide medical treatment for my child deemed medically necessary, including but not limited to hospitalization, injections, medication, anesthesia, and surgery.

RELEASE OF LIABILITY AND INDEMNITY: I AGREE TO ACCEPT AND TO ASSUME FULL RESPONSIBILITY FOR ALL RISKS AND HAZARDS INHERENT IN AND ASSOCIATED WITH PARTICIPATION IN CHURCH RELATED ACTIVITIES BY MY SON OR DAUGHTER. I HEREBY AGREE TO INDEMNIFY, HOLD HARMLESS AND DEFEND THE CHURCH AND EACH OF ITS EMPLOYEES, OFFICERS, REPRESENTATIVES AND VOLUNTEERS AGAINST ANY LIABILITY, COST, LOSS, CLAIMS AND ACTIONS, INCLUDING NEGLIGENCE, BASED UPON OR SUSTAINED IN CONNECTION WITH PARTICIPATION IN CHURCH RELATED ACTIVITIES.

THE UNDERSIGNED UNDERSTAND THAT THEY ARE SIGNING THIS MEDICAL CONSENT, RELEASE OF LIABILITY AND INDEMNITY AGREEMENT IN BEHALF OF _____ (NAME OF MINOR)

PARENT OR LEGAL GUARDIAN'S SIGNATURE _____ (seal)

STATE OF Alabama COUNTY OF _____

Before me, a notary public, on this day appeared _____ known to me to be the person whose name is subscribed to the foregoing document and being by me duly sworn, declared that the statements therein contained are true and correct.

Given under my hand and seal of office this _____ day of _____, AD. _____.

Notary Public Signature _____ my commission expires _____

Notary Public typed or printed Signature _____

Please send form back to First Baptist Church 721 Greensboro Avenue, Tuscaloosa, AL 35401

THIS MEDICAL RELEASE SHALL EXPIRE JANUARY 1, 2018