

MEDICAL RELEASE AND PARENTAL CONSENT FORM

Student Ministry
Shades Mountain Baptist Church
August 1, 2016 – July 31, 2017

Student's Name

Address:

Date of Birth

Doctor's Name

Doctor's Phone

Father

Mother

Name

Name

Home Phone

Home Phone

Work Phone

Work Phone

Cell Phone

Cell Phone

Birthday

Birthday

Medical Insurance **(ATTACH A COPY OF BOTH SIDES OF YOUR MEDICAL CARD)**

Name of Insured

Carrier

Policy Number

Group No.

Known Allergies

List any medication or drugs taken regularly:

LOCAL relative or friend to notify in case of an emergency and we cannot locate parent:

Name

Home phone

Work Phone

Cell Phone

As the parent (or legal guardian), I undersigned, certify that my child, named on front, has my express permission to participate in all activities, of any nature, sponsored by Shades Mountain Baptist Church (SMBC) for the church year, **August 1, 2016 through July 31, 2017**. Knowing that SMBC will always try to act responsibly, I fully release SMBC, its authorized representatives and staff from all liability of any kind and character upon any claim, demand, or cause of action, which might be asserted in our behalf against said church, representatives or staff.

It is my understanding that the church will attempt to notify me in case of a medical emergency involving my child. If the church cannot reach me, then I authorize the church leaders to seek the care of a doctor or other health-care professional, and I give my permission to the doctor or other health-care professional to provide the medical services he or she may deem necessary. I understand I will be responsible for any medical expenses. I will notify the church leaders if I feel there are any health considerations that would prevent my child's participation in any activity. I also give my permission for the church leaders to restrict my child from participation in any activity which they have any question about for health or other reasons.

By signing this document, I also acknowledge that my child's photographs may be used in any responsible fashion, by Shades Mountain Baptist Church, in its sole discretion, including but not limited to publications, videos, and websites. Please check the box that applies:

- Yes, you may use my child's photographs. No, you may not use my child's photographs.

Signature of Parent or Legal Guardian

Date

State of Alabama:
County of Jefferson:

Subscribed and sworn to before me on this ____ day of

_____, _____.

*Notary
Seal*

NOTARY PUBLIC

My Commission expires _____