

# MEDICAL RELEASE AND PARENTAL CONSENT FORM

Children's Ministry  
Shades Mountain Baptist Church  
August 1, 2019 - July 31, 2020

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 INSURANCE CARD)**

Name of Insured: \_\_\_\_\_

Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Group No.: \_\_\_\_\_

Known allergies, illnesses, conditions, or other information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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 remainder of the church year, **August 1, 2019 through July 31, 2020**. Knowing that SMBC will always try to act responsibly, I fully release SMBC, its representatives and staff from all liability of any kind and character from any claim, demand, or cause of action, which might be asserted on my behalf or on behalf of my child against SMBC, its 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, including but not limited to emergency surgery, or x-rays. I understand that I will be responsible for any and all medical expenses. I will notify church leaders of any health consideration that would prevent or limit my child's participation in any activity. I also give my permission for the church leaders to restrict my child from participating in any activity in which they, in good faith, believe there is some concern for the physical well-being of my child. Should it be necessary for my child to be sent home for medical reasons, disciplinary reasons, or otherwise, I hereby assume all costs.

By signing this **waiver and release**, the parent or guardian agrees to assume and accept all risks and hazards inherent in all church-related social activities. The parent or guardian understands and acknowledges that he or she is signing for the minor listed on this form and that the signature is for both a medical and liability release.

Unless I indicate otherwise below, I authorize Shades Mountain Baptist Church to use in a reasonable fashion, in its sole discretion, my child's image in publications, videos, websites, or other forms of media. Please check the box if applicable:

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: \_\_\_\_\_