

Medical Information Release Form

Today's Date: _____

PARTICIPANT'S INFORMATION

Name _____ Grade (if applicable) _____ Age _____
Street Address _____ City _____ State _____ Zip _____
Home Phone _____ Participant's cell phone _____
Participant's e-mail (6th grade and up) _____

PARENT(S) OR LEGAL GUARDIAN(S) INFORMATION

Name _____	Name _____
Related how? _____	Related how? _____
Email _____	Email _____
Phone (work) _____	Phone (work) _____
Phone (cell) _____	Phone (cell) _____

PARTICIPANT'S MEDICAL INFORMATION

Does the participant have any allergies (*food, medications, etc.*) No Yes If yes, please list: _____

Does the participant have any challenges (*physical or otherwise*) which would greatly hinder him/her from entering into full program activities? No Yes If yes, please explain: _____

Is the participant taking any medication? No Yes If yes, please list: _____

Has the participant had a recent tetanus shot? No Yes - Year? _____

Can the participant swim? No Yes If yes, either beginner or advanced

Are there any other medical concerns or special attention needed while the participant is in the care of our ministry? No Yes If yes, please explain: _____

HEALTH INSURANCE INFORMATION

Insurance Carrier _____

Policy issued under the name of _____

Policy # _____ Group # _____

**FILL OUT BOTH SIDES OF THIS FORM COMPLETELY.
NOTARIZED PARENT/GUARDIAN SIGNATURE IS NEEDED ON REVERSE SIDE.**

General Permission Form

My name (parent or legal guardian of participant) is _____
and by this instrument I do hereby release, acquit, hold harmless and forever discharge WEST BRADENTON BAPTIST CHURCH, its agents, servants, employees, and all persons, natural or corporate, in privity with them or any of them, from any and all claims or causes of action of any kind whatsoever, including but not limited to actions, suits and/or claims for any bodily injuries, death or property damage which may be sustained by

(participant's name) _____
while participating in any ministry activity or activities (including travel to and from such activities) resulting from the negligence or lack of care due or claimed to be due to the conduct of any agent, servant or employee of WEST BRADENTON BAPTIST CHURCH for any and all activities.

I understand that photographs may be taken of events sponsored by West Bradenton Baptist Church. I will notify the church **in writing** if I do not wish a photo of my child to be published either in print or on the church's website.

I certify any licensed medical doctor to medically treat my child in any emergency and have provided insurance information on the other side of this form. I understand that if my son or daughter needs to be sent home for any reason (illness, injury, or disciplinary) I will be contacted at one of the phone numbers listed on the reverse side and I will be responsible for any and all expenses incurred.

I hereby affirm that all information on both sides of this form is true and correct to the best of my knowledge.

Signature of Parent or Legal Guardian _____

Printed Name of Parent or Legal Guardian _____

Relationship to Participant _____

Today's Date: _____

NOTARY PUBLIC INFORMATION

Sworn to and subscribed before me this _____ day of _____, 20_____

(Signature of Notary Public - State of Florida)

Please print, type, or stamp Commissioned Name of Notary Public

Please check one:

- Personally Known
- Produced Identification

Type of Identification: _____

**FILL OUT BOTH SIDES OF THIS FORM COMPLETELY.
MEDICAL INFORMATION ON OTHER SIDE IS REQUIRED.**