

THRILLER THURSDAY MEDICAL RELEASE FORM

Each student attending any of Second Baptist Church's scheduled events, (e.g., retreats, traveling in vans, conferences, camps, mission work, etc.) must complete this form, and ***this form must be notarized in order to be valid.***

Name _____

Date of Birth _____ Grade last completed _____

Street Address _____

City _____ State _____ Zip _____

Are you a member of Second Baptist Church? Yes No

In case of emergency, notify _____ Tel: (____) _____

Physician _____ Tel: (____) _____

Insurance Company _____ Policy# _____

Insurance Company Tel: (____) _____ Group# _____

Check the boxes below to give the appropriate information.

Medical History:

- | | | | |
|---------------------------------------|--|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Dizziness | <input type="checkbox"/> Hay fever | <input type="checkbox"/> Sinusitis |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Heart trouble | <input type="checkbox"/> Sleepwalking |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Fainting spells | <input type="checkbox"/> Kidney trouble | <input type="checkbox"/> Stomach upset |
| <input type="checkbox"/> Other: _____ | | | |

Allergies:

- Food _____
- Penicillin or other drug (name) _____
- Insect stings/bites _____
- Poison sumac, oak or ivy _____

List below any previous operations or serious illnesses:

Immunizations:

- Tetanus/Date _____ Polio Booster Measles Mumps
- Other: _____

Do you have any other health information that Second Baptist Church should be aware of that was not covered in this document?

Yes No If Yes, explain: _____

MEDICAL RELEASE:

I certify to my knowledge that my son or daughter has not been exposed to any contagious disease within the last 30 days. I certify any licensed medical doctor to x-ray or medically treat my child in any emergency. I understand that Second Baptist Church will not be held liable for any accidents while my son or daughter is at this function. I also understand that if my son or daughter needs to be sent home for any reason (e.g., illness, injury or disciplinary action), I will be contacted at the emergency number listed and I will be responsible for any and all expenses incurred. By signing this agreement, I give my permission for my son or daughter (student name) _____ to receive medical attention in the event of an emergency.

Signature of Parent/Guardian: _____ Date: _____

Alternate contact in case parent/guardian can't be reached:

Name of contact: _____ Relationship to student: _____

Phone numbers: Day (____) _____

Night (____) _____

RELEASE OF LIABILITY AND HOLD HARMLESS AGREEMENT:

My name is (parent/guardian) _____ and by this instrument, I do hereby release, acquit, hold harmless and forever discharge Second Baptist Church, its agents, servants, and employees, and all persons, natural or corporate, in privities 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 (student name) _____ while participating in any Children's Ministry activity, including travel to and from such activities, resulting from the negligence or lack of care due or claims to be due to the conduct of any agent, servant, or employee of Second Baptist Church, for any and all activities during Thriller Thursdays 2017.

Signature of Parent/Guardian _____ Date _____

Signature of Student _____ Date _____

NOTARIZATION:

State of _____

County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20__

by _____
(parent/guardian)

(Notary seal)

(Notary signature)