

Unless insurance or emergency contact information changes, this form will stay on file in the church office and will be used on all trips.

# Taylorville Baptist Church

## Medical Release Form / Permission to Treat

### Personal Information:

Student Name: \_\_\_\_\_

SS # (optional): \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Emergency Contact Information:

Parent/Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Insurance Information: *\*Attach a copy of your insurance card to this form.*

Insurance Co.: \_\_\_\_\_ Group#: \_\_\_\_\_ Policy#: \_\_\_\_\_

Cardholder: \_\_\_\_\_ Relationship to Cardholder: \_\_\_\_\_

Insurance Co. Address: \_\_\_\_\_

Insurance Co. Phone: \_\_\_\_\_

### Personal Medical Information:

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Physical Limitations (Asthma, diabetes, allergies, etc) and/or Special Instructions: \_\_\_\_\_

List ALL medication taken on a regular basis and/or any that you would need to bring on a trip: \_\_\_\_\_

List all surgeries/serious injuries and dates within the past 5 years: \_\_\_\_\_

The Health History is correct so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted.

**Emergency Authorization** - I hereby give permission to medical personnel selected by the participant's Church sponsor/his designee or camp staff to order X-rays, routine tests, and treatment for myself. In the event of an emergency and neither my primary contact nor secondary can be reached, I hereby give permission to the physician selected by the Authorized Agent to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery to myself as named above.

I further authorize the release of the above medical information to appropriate medical personnel and/or the health coverage insurance company. In addition, I have, and do hereby, release the church, its employees or agents from liability associated with participation in a church activity.

I understand that if I do not have medical insurance, I, as the parent or guardian, will be responsible for any medical expenses in the event of a sickness and/or injury.

I assume all of the risks of participating in any and all activities and do not hold Taylorville Baptist Church (TBC) responsible or liable in any way.

### **Permission to Participate in Activities**

This permission form will apply to all Children & Student Ministry Activities conducted during the time that my child enters the Children's Ministry until they reach the age of 19. This form gives permission for my child to participate in any off campus church-sponsored activity or trip. Some trips will require additional permission and release forms.

I give permission for my child, \_\_\_\_\_, to participate in any TBC sponsored activity, including overnight and/or out of state activities. My child and I understand that the parents/members chaperoning are in charge and my child will follow all rules set for this activity. I will not hold TBC or any chaperone liable in the event that my child is injured during the activity.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Child/Youth Participant \_\_\_\_\_ Date \_\_\_\_\_

### **Photo Permission**

I hereby release TBC to publish the photographs taken of my and/or my child, and our names, for use in TBC printed publications and website. I release TBC from any expectation of confidentiality for my child and myself and attest that I am the parent or legal guardian of the child listed on this form and that I have the authority to authorize TBC to use photographs and names. I acknowledge that since participation in publications and websites produced by TBC is voluntary, neither my child nor I will receive financial compensation. I further agree that participation in any publication and website produced by TBC confers no right of ownership whatsoever. I release TBC, it's officers, trustees, and employees from liability for any claims by me or any third party in connection with my participation or my child.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

### **Bus Permission**

I hereby release TBC, it's staff, bus driver, and trip sponsors from liability in case of an accident while my child is in transit to, while attending, or returning from any ministry event sponsored by the church. I do further agree that I will not hold TBC, trip or event sponsors, bus driver, or leader liable for any injuries or illnesses sustained during the trip or event. I also understand that it is TBC policy for all passengers to wear seatbelts, regardless of age, while riding of driving the church bus and my child will abide by this policy.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_