



COUNTRYSIDE

2018-2019 Student Ministry Medical Release Form

CHILD INFORMATION

Name of Child: _____ Male | Female Birthday: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian

Parent/Guardian

Name: _____

Name: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Emergency Contact Name: _____

Health Insurance Company: _____

Phone: _____

Group Number: _____

Policy Number: _____

Does your child have any medical or special needs, including allergies or medications that he/she is currently using?

Yes ____ No ____ If yes, please explain: _____

RELEASE INFORMATION

The undersigned does hereby give permission for the above-mentioned child to attend, participate and ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in ALL OR ANY STUDENT MINISTRY ACTIVITIES, SPONSORED BY COUNTRYSIDE BAPTIST CHURCH; BETWEEN 9/1/18 THRU 9/1/19. We (I) authorize an adult, in whose care the minor has been entrusted, to consent to an X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. We (I), being 18 years age or older, do for ourselves (myself) (and for and on behalf of my child-participant), do hereby release, forever discharge and agree to hold harmless & indemnify Countryside Baptist Church and the directors, employees and agents & volunteers, thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in ALL OR ANY STUDENT MINISTRY ACTIVITIES OR TRIPS between 9/1/18 THRU 9/1/19 for any liability sustained by Countryside Baptist Church as a result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

The undersigned gives permission for photographs in which the above-mentioned child appear to be used for publications and public relations activities. This may include use in print and electronic media, including the internet.

The undersigned gives permission for contact information to be used to communicate with their household about other events or opportunities which may be of interest based upon age and stage of life.

Signature: _____ Relation to child: _____ Date: _____