

MEDICAL RELEASE FORM

Woodmont Baptist Church Youth Events

Dates: January 1, 2020 to December 31,2020

Name: _____ Age: _____ SS# _____

Address: _____ City: _____ State: _____ Zip: _____

In Case of Emergency Notify: _____ Phone: _____

Family Physician: _____ Phone: _____

Heath Insurance Company: _____ Policy Number: _____

Policyholder's Name _____ Policyholder's SS# _____

Immunizations (mark all that apply): ___ Tetanus ___ Polio Booster ___ Measles ___ Mumps

*** I authorize that my child is permitted to have a non-drowsy Dramamine ___ yes ___ no

*****Please write none where applicable on this section*****

ALLERGIES: _____

Previous operations or serious illnesses: _____

Current medications being taken: _____

Special Diet: _____

Being the parent or legal guardian of _____, I _____

Do consent to any x-ray, anesthetic, medical, surgical, or dental diagnosis or treatment that may be deemed necessary for my minor child. Further, I understand that all efforts will be made to contact me prior to treatment. In the event I cannot be reached in an emergency, I give permission to the Youth Leader, or Chaperone to make decisions necessary for treatment. Should there be no Youth Leader, or Chaperone available, I give permission to the attending physician to treat my minor child. I further understand that the doctors, dentists, and other providers attending to my child will take all reasonable safety precautions during their care.

I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all sponsors and Woodmont Baptist Church from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while participating in any 2020 event.

Dated this ___ day of _____, 20___

Parent/Guardian Signature _____

State of _____ County of _____

I, the undersigned authority, a notary public in and for said county in said state, hereby certify that _____, whose name as parent or legal guardian of _____ is signed to the foregoing medical release form, and who is known to me, acknowledged before me on this day that, being informed of the contents of said instrument, he/she as such parent or legal guardian and with full authority, executed the same voluntarily.

GIVEN under my hand and official seal this is ___ day of _____, 20___.

_____ My commission expires _____

Notary Public

MUST BE 19 YEARS OLD OR OLDER IN ORDER TO SIGN FOR YOURSELF