

# First Baptist Church Liability and Medical Release Form

Name \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Parent/Guardian name \_\_\_\_\_  
Emergency Contact \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Alternate Contact \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Please list any medications, allergies, and illnesses.\* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I/We hereby give my/our approval for \_\_\_\_\_  
to attend \_\_\_\_\_  
on \_\_\_\_\_.

Sign and Date \_\_\_\_\_

## Permission for Treatment

My permission is granted for the minister or sponsor in charge to obtain necessary medical attention in case of sickness or injury to my child.

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

Sign and Date \_\_\_\_\_

\*Use back of sheet if necessary.