

**SWIFT CREEK BAPTIST CHURCH  
2009-2010 MEDICAL & LIABILITY RELEASE FORM**

(Please Print)

GRADE LEVEL: \_\_\_\_\_ AGE: \_\_\_\_\_ F M

NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

NAMES OF PARENTS/GUARDIANS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (Home) \_\_\_\_\_ (Wk) \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

IN EMERGENCY, NOTIFY: \_\_\_\_\_

PHONE: (Home) \_\_\_\_\_ (Wk) \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

FAMILY DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

INSURANCE COMPANY: \_\_\_\_\_ PHONE: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_ GROUP #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**HEALTH HISTORY:** Date of last tetanus shot: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications currently taking and dosage that must be taken:

\_\_\_\_\_  
\_\_\_\_\_

Conditions:

Chronic asthma     Diabetes     Epilepsy     Frequent colds     Hay fever  
 Heart condition     HIV/AIDS     Physical handicap     Frequent stomach upsets

If you checked any of the above, please give details (i.e., include normal treatment of allergic reactions):

\_\_\_\_\_  
\_\_\_\_\_

Any other conditions not listed above, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Any swimming restrictions:  Yes  No      Any activity restrictions:  Yes  No

What restrictions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Our church's insurance is excess insurance. If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your son or daughter is participating in a church-related activity.

In the event that I cannot be reached in an emergency during the dates specified on this form, I hereby give my permission to the physician or dentist selected by the church leadership to hospitalize, to secure proper treatment, and/or order an injection, anesthesia, or surgery for my son or daughter as deemed necessary.

**LIABILITY RELEASE**

Every activity sponsored by Swift Creek Baptist Church is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parent or guardian agrees to assume and accept all risks and hazards inherent in church-related social activities. They also agree to hold Swift Creek Baptist Church, or its employees or volunteer assistants harmless for damages, losses, or injuries to the person or property undersigned. The parents or guardians understand that they are signing for the minor listed on this form and the signature is for both a medical and liability release.

This form is valid from September 1, 2009 through August 31, 2010

**MEDIA CONSENT**

I give my consent and permission for the taking of photographs and/or video of my student during 2009/2010 events and waive and/or assign any and all rights (including copyright) in such media to Swift Creek Baptist Church for promotional use in print and online. Swift Creek Baptist Church will not use their full names with the picture of the students on their website.

**MEDICINE APPROVAL**

Place your initials on the line by each medication we can give your child (upon request) from our emergency supply box. For any medications you initial, you will not have to send a supply of that particular medication.

Acetaminophen (Tylenol)     Benadryl     Dramamine (motion sickness)  
 Ibuprofen (Advil or Motrin)     Pepto Bismol

Parent or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTARY INFORMATION**

The following is to be completed by the notary witnessing parent/guardian's signature.

City/County of \_\_\_\_\_  
Commonwealth of Virginia

On this date the person(s) who are signed above personally appeared before me, being personally known by me, and in my presence executed this authorization and release form. Witness my hand and official seal this date (\_\_\_\_/\_\_\_\_/\_\_\_\_).

\_\_\_\_\_ Notary Public

My commission expires \_\_\_\_/\_\_\_\_/\_\_\_\_.

Commission # \_\_\_\_\_.