

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

(Please Print)

CHILD'S NAME: _____ BIRTH DATE: _____

CURRENT GRADE LEVEL: _____ AGE: _____ MALE: _____ FEMALE _____

NAMES OF PARENTS/GUARDIANS: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (Home) _____ (Wk -Mom) _____ (Wk - Dad) _____

CELL PHONE (Mom): _____ CELL PHONE (Dad): _____

ADDITIONAL EMERGENCY CONTACT: _____

RELATIONSHIP (i.e., grandparent, aunt, friend...) _____

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 (food, medication or other): _____

Medications currently taking and dosage that must be taken:

Conditions:

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

If you checked any of the above, please give details (i.e., include normal treatment or specific circumstances which might help or worsen condition): _____

Any other medical conditions, social needs (i.e., learning disabilities) or special physical needs not previously listed on this form, please explain: _____

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

What restrictions: _____

MEDIA CONSENT

I give my consent and permission for the taking of photographs and/or video of my child 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 full names with pictures of children on their website.

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.

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.

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

Parent or Guardian's Signature: _____ Date: _____