

FBC of Owensboro, Inc. Medical and Liability Release Form

Valid From August 1, 2018 through July 31, 2019

First Baptist Church ■ 230 JR Miller Blvd. ■ Owensboro, KY ■ 42303 ■ Phone: 270.683.3505 ■ Fax: 270.683.8067

NAME _____ AGE _____ BIRTHDATE ____ / ____ / _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE (____) _____

IN EMERGENCY, NOTIFY _____ PHONE (____) _____

FAMILY DOCTOR _____ PHONE (____) _____

HEALTH HISTORY:

Allergies: ___ Insect Stings ___ Drugs ___ Other Allergies: _____ Date of Last Tetanus Shot: _____

Other conditions: ___ Heart Condition ___ Frequent Colds ___ Diabetes ___ Chronic Asthma
___ Frequent Upset Stomach ___ Hay Fever ___ Epilepsy ___ Physical Handicap

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

Name and dosage of any medications that must be taken: _____

Any Swimming Restrictions: ___ Yes ___ No Any activity restrictions: ___ Yes ___ No

Explain any restrictions: _____

Our church's insurance is only secondary 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 on a church-related activity.

Do you have health insurance? ___ Yes ___ No If yes, Ins Co. Name: _____

Policy Number: _____ Group Number: _____

Address: _____ State: ___ Zip: _____

"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 this 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 not to hold this church or its employees or volunteer assistants or its individual members liable for damages 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.

Parent or Guardian Signature: _____ Date: _____

Notary Information

Sworn to and subscribed before me this _____ day of _____, 20 _____.

Notary Signature/number _____ My Commission Expires: _____