

# 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. **This form can only be accepted if signed in the witness of a Notary.**

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

## Notary Information

**Sworn to and subscribed before me** this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

Notary Signature/number \_\_\_\_\_ My Commission Expires: \_\_\_\_\_