

# Magnolia's First Baptist Church Medical Release

## Participant Information:

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Contact Numbers: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Relationship of Emergency Contact: \_\_\_\_\_

## Medical Information:

Medical Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

List any known allergies, illnesses or physical limitations:

\_\_\_\_\_

\_\_\_\_\_

List any medications your child will be taking:

\_\_\_\_\_

\_\_\_\_\_

## MEDICAL AND SURGICAL WAIVER/GENERAL RELEASE & HOLD HARMLESS AGREEMENT:

I am the parent and/or legal guardian of the student listed above and hereby acknowledge that said student is presently under my care, custody and control. I hereby give him/her my express permission to attend any of Magnolia's First Baptist Church events, fellowships, and/or outings sponsored by the ministries of Magnolia's First Baptist Church. I further expressly grant my permission for said student to participate in all activities of each event and/or outing.

In the event there arises an emergency necessitating medical or surgical attention, I hereby consent and give my permission to Magnolia's First Baptist Church or its representatives, the sponsors, or any attending physician to make such decisions and to perform such medical treatments and/or surgery upon the said student which may in their sole discretion be necessary and proper under the circumstances. I so release, acquit and forever discharge Magnolia's First Baptist Church, their personnel, chaperones, and any parties volunteering on behalf of the church from and all actions, damages, liabilities, costs, or expenses of any kind resulting from or relating to activities of each event, fellowship and/or outing. I acknowledge that this is a full and complete release for all injuries and damages, which the above said student may sustain as a result of participating in the activities.

I understand that the student can and will be dismissed from any event, fellowship, and/or outing and sent home at my expense if he/she does not adhere to the rules.

**MUST BE SIGNED IN THE PRESENCE OF A NOTARY**

Parent/Guardian Signature: \_\_\_\_\_

Notary Signature: \_\_\_\_\_ Notary Stamp:

Date: \_\_\_\_\_