

**2012 MEDICAL AND LIABILITY RELEASE FORM**

**Five Points Baptist Church - Northport Alabama**

Name \_\_\_\_\_ Birthdate / Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Parent's Name \_\_\_\_\_ Social Security # \_\_\_xxx-xx-\_\_\_\_\_

In Emergency, notify \_\_\_\_\_ Phone \_\_\_\_\_

Name of your Physician \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

**HEALTH HISTORY:** allergies and other conditions

\_\_\_ Insect Allergies \_\_\_ Drug Allergies \_\_\_ Other Allergies \_\_\_ Frequent Colds \_\_\_ Heart \_\_\_ Athsma

\_\_\_ Physical Handicap \_\_\_ Epilepsy \_\_\_ Hay Fever \_\_\_ Frequent stomach upsets \_\_\_ Diabetes

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

\_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Name and dosage of any medications that must be taken: \_\_\_\_\_

Swimming Restrictions: \_\_\_ No \_\_\_ Yes Explain \_\_\_\_\_

Activity Restrictions: \_\_\_ No \_\_\_ Yes Explain \_\_\_\_\_

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 child is on a church-related activity.

Do you have health/medical insurance? \_\_\_ Yes \_\_\_ No

If "yes", Name of Co.: \_\_\_\_\_ Policy # \_\_\_\_\_

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

**Consent to Medical Treatment: In the event a Parent or Guardian cannot be reached in an emergency, I hereby give permission to the physician, dentist or other health care provider selected by the authorized representative of Five Points Baptist Church, Northport, AL to provide medical treatment for my child deemed medically necessary, including but not limited to hospitalization, injections, medication, anesthesia, and surgery.**

**RELEASE OF LIABILITY AND INDEMNITY: I AGREE TO ACCEPT AND TO ASSUME FULL RESPONSIBILITY FOR ALL RISKS AND HAZARDS INHERENT IN AND ASSOCIATED WITH PARTICIPATION IN CHURCH RELATED ACTIVITIES BY MY SON OR DAUGHTER. I HEREBY AGREE TO INDEMNIFY, HOLD HARMLESS AND DEFEND THE CHURCH AND EACH OF ITS EMPLOYEES, OFFICERS, REPRESENTATIVES AND VOLUNTEERS AGAINST ANY LIABILITY, COST, LOSS, CLAIMS AND ACTIONS, INCLUDING NEGLIGENCE, BASED UPON OR SUSTAINED IN CONNECTION WITH PARTICIPATION IN CHURCH RELATED ACTIVITIES. THE UNDERSIGNED UNDERSTAND THAT THEY ARE SIGNING THIS MEDICAL CONSENT, RELEASE OF LIABILITY AND INDEMNITY AGREEMENT IN BEHALF OF \_\_\_\_\_.**

(NAME OF MINOR)

PARENT OR LEGAL GUARDIAN'S SIGNATURE \_\_\_\_\_

STATE OF Alabama COUNTY OF \_\_\_\_\_ Before me, a notary public, on this day appeared \_\_\_\_\_ known to me to be the person whose name is subscribed to the foregoing document and being by me duly sworn, declared that the statements therein contained are true and correct.

Given under my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, AD. \_\_\_\_\_.

Notary Public Signature \_\_\_\_\_ my commission expires \_\_\_\_\_

Notary Public typed or printed Signature \_\_\_\_\_