

# 2017-2018 Taylors First Baptist Church Students Permission & Medical Release Form

Student's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Grade: \_\_\_\_\_

\*Student's Social Security Number: \_\_\_\_\_

Doctor's Name & Phone Number: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications Currently Taking: \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_

Parent's/Guardian Birthdate: \_\_\_\_\_

\*Parent's/Guardian's Social Security Number: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Parent Cell Phone #: \_\_\_\_\_

Emergency Contact Name (other than parent) & Contact #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

\*Please be informed that in the event of an emergency, medical care may be refused by hospital/doctor if social security numbers are not included on this form.

## General Release/Hold Harmless Agreement

As the parent or legal guardian of the above student:

- 1) I acknowledge that the student above desires to participate in the programs, events or activities (hereinafter collectively referred to as "Activities") operated, sponsored or attended by Taylors First Baptist Church (hereinafter referred to as the "Church") and Taylors Students of Taylors First Baptist Church.
- 2) I acknowledge that participating in the activities operated, sponsored or attended by the Church and Taylors Students will frequently involve transportation to and from various locations.
- 3) I hereby give consent for the above student to participate in the Activities and authorize the Church and Taylors Students to transport the above student to and from various locations for the activities.
- 4) I give permission for the above student to ride in any vehicle, deemed suitable by the adult in whose care the above student has been entrusted, while attending and participating in activities operated, sponsored or attended by the Church and Taylors Students.
- 5) In the event the above student is injured while participating in activities or while being transported, I do hereby authorize and consent to any X-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care rendered under the general supervision and the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.
- 6) I acknowledge the undersigned shall be liable and agree to pay all cost and expenses incurred in connection with any such medical and dental services rendered to the above student pursuant to this Authorization.
- 7) I understand that should it be necessary for the above student to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.
- 8) In consideration of the Church and Taylors Students allowing the above student to participate in activities, I do hereby release and forever discharge the Church, Taylors Students, their officers, director, employees, agents and any parties volunteering on behalf of the Church or Taylors Students from all actions, claims, damages, costs, expenses, or damages of any nature whatsoever arising from or in connection with participation in or transportation to or from activities.
- 9) As the undersigned, I understand it is my responsibility to update the Emergency Information contained in this Permission & Medical Release Form as necessary.
- 10) I consent and give my permission for the Church and Taylors Students to use any photographs and/or videos of the above student for use in Taylors Students and/or any promotional material for the Church and Taylors Students

**\*\*DO NOT SIGN BELOW UNTIL NOTARY IS PRESENT.\*\***

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
Date

## Notary Public

**Witness my hand & official seal this date:** \_\_\_\_\_

On this date the person(s) who are signed above personally appeared before me in my presence and executed this authorization and medical release form.

\_\_\_\_\_  
Notary Signature & Date

\_\_\_\_\_  
Date My Commission Expires

NOTARY SEAL