

MEDICAL RELEASE

Judson Baptist Church

1406 Pacific Street San Bernardino, CA 92404 (909) 889-0781

THIS FORM MUST BE FILLED OUT BY ALL PERSONS PRIOR TO PARTICIPATION IN ANY ACTIVITY WITH THE YOUTH GROUP OF JUDSON BAPTIST CHURCH. IT WILL BE KEPT ON FILE AND USED IN THE CASE OF A MEDICAL EMERGENCY ONLY.

AUTHORIZATION /CONSENT TO MEDICAL TREATMENT

I give permission for the below-named child/minor to participate in activities with Judson Baptist Church. In the event of an emergency, I hereby authorize an adult leader of this activity, as an agent for me, to consent to any X-ray examination; medical, dental, or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate), licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible. I realize that many of the church's activities include a level of risk. Therefore I release Judson Baptist Church and all of its agents from liability in the case of injury. Should it become necessary for my child to return home due to medical reasons or disciplinary action, I will assume responsibility for all transportation costs. This authorization shall remain in effect from January 1, 2018 until January 1, 2019 unless revoked sooner in writing to said agents at Judson Baptist Church.

Signature: _____ Date: _____
(Parent or Legal Guardian)

PLEASE PRINT LEGIBLY THE FOLLOWING INFORMATION:

NAME OF PARTICIPATING YOUTH: _____

DATE OF BIRTH ___/___/___ Sex: M F GRADE IN SCHOOL _____

ADDRESS: _____ CITY _____

STATE _____ ZIP _____ HOME PHONE: _____

WORK PHONE: _____ CELL PHONE: _____

IF UNABLE TO REACH ME, CALL THIS PERSON: _____

HIS/HER HOME PHONE _____ WORK _____ CELL _____

MEDICAL INFORMATION: Please list any allergies, medications, handicaps, or Limitations that may be important to medical personnel: _____

MEDICAL INSURANCE: _____

GROUP NUMBER: _____ PHONE _____

Additional Information _____

Student Name: _____