

CHILDREN AND STUDENT MINISTRY MEDICAL/LIABILITY RELEASE FORM

SOUTH MAIN BAPTIST CHURCH

4300 E Sam Houston Pkwy S, Pasadena, TX 77505 – (281) 487-8200

Child's Name: _____ Child's Birth Date: ____/____/____ Grade: _____ Sex (M/F): _____

Address: _____ City: _____ State: _____ Zip: _____

Parent/Legal Guardian: _____ Relationship: _____

Phone Number: Day Time _____ Evening _____ Other _____

Parent / Legal Guardian Email: _____

Additional Emergency Contact Information Other Than Listed Above (please list at least one):

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

INSURANCE INFORMATION

Family Medical Insurance Co.: _____

Policy Number or Group Number: _____

If necessary to verify coverage, call: _____

Doctor: _____ Phone: _____

GENERAL HEALTH INFORMATION

List any health information that would be relevant to an attending physician in the case of an emergency: _____

List any Chronic or Recurring Illnesses or Diseases: _____

List any Food, Medicine, or other Significant Allergies: _____

Is child subject to: fainting spells? _____ heart trouble? _____ sleepwalking? _____ epilepsy? _____

Has child had appendix out? _____ Is child a diabetic? _____

My child is a: _____ NON-Swimmer _____ a Fair Swimmer _____ a Good Swimmer

I, the parent signed below, do hereby release, acquit, hold harmless and forever discharge SOUTH MAIN BAPTIST CHURCH (henceforth referred to as SMBC), its agents, servants, and employees, and all persons, natural or corporate, in privities with them or any of them, from any and all claims or causes of action of any kind whatsoever, including but not limited to actions, suits and/or claims for any bodily injuries, death or property damage which may be sustained by the child listed above while participating in any Children/Student Ministry activity, or activities, (including travel to and from such activities) resulting from the negligence or lack of care due or claimed to be due to the conduct of any agent, servant, or employee of SMBC, for any and all activities.

I hereby give and grant unto any licensed medical doctor or hospital my consent and authorization to x-ray or rend such aid, treatment or care to said child as in the judgment of doctor or hospital, may be required, on an emergency basis, in the event said child should be injured or stricken ill while participating in an SMBC sponsored event. It is further understood that any expense incurred will be paid for by insurance or the parent/guardian.

I also understand that if the child needs to be sent home for any reason (i.e. illness, injury, or disciplinary), I will be contacted at one of the numbers above, and I will be responsible for any and all expenses incurred.

I understand SMBC produces promotional material about its events. I understand that my child may be included in video or photographs taken at events. I hereby grant SMBC the right to photograph and/or video tape my child and further utilize the child's name, face, likeness, voice and appearance as part of the event and in advertising and promoting future events, without reservation or limitation. In granting this license, I understand that SMBC is under no obligation to exercise any of its rights, license and privileges herein granted by participant. (If you do not want to grant permission for your child to appear in promotional material, please mark through this entire paragraph and initial in the following blank: _____)

I hereby agree to and understand all information listed on this form. Should any of the information change, I understand it is my responsibility to notify the church office.

Unless terminated in writing, this release shall be effective for one year from the date signed below.

Parent/Guardian Signature: _____ Date: _____

PRINT Parent/Guardian Name: _____