

First Baptist Church of Commerce, GA
Medical Permission and Liability Release Form

Participant's Name: _____ Date of Birth: _____
First Middle Last

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

Insurance Company: _____ Policy #: _____

Insurance Phone #: _____ Policy Holder's Name: _____

Physician: _____ Phone #: _____

Dentist: _____ Phone #: _____

Date of Last Tetanus Shot: _____

Medications taking while at this event: _____

List all major illnesses your child has experienced in the last year: _____

Allergies to Medications: _____ Other Allergies: _____

Please check one: My child is a good swimmer fair swimmer non-swimmer

Mother's Name: _____ Phone: Home _____ Work _____ Cell _____

Father's Name: _____ Phone: Home _____ Work _____ Cell _____

Other Emergency Contact's Name: _____ Relation: _____

Phone: Home _____ Work _____ Cell _____

I, the undersigned, grant permission for a representative of First Baptist Church of Commerce, Georgia to obtain necessary medical attention to the above mentioned in case of sickness or injury. I, the undersigned, do hereby verify that all above information is correct and I do hereby release and forever discharge First Baptist Church of Commerce, Georgia, its members, and its staff from any and all claims, demands, actions, or causes of action, past, present, or future arising out of any damage or injury while participating in any church-sponsored/related event.

I further agree to allow First Baptist Church to publish photos and/or video (i.e. website, print publications, etc.) of my child taken while at First Baptist Church events.

Parent or Guardian's Signature: _____ Date: _____

Student Covenant: I, the student, promise to conduct myself in a manner which shows respect to other students, leaders, and property.

Student's Signature: _____ Date: _____