

# Whitesburg Baptist Church

## Medical/Release Form

Please print and return to Student Ministry Office or email to [bailey.long@whitesburgbaptist.org](mailto:bailey.long@whitesburgbaptist.org)

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City State Zip

Student's Cell Phone \_\_\_\_\_ Student's e-mail \_\_\_\_\_

Parents' Names \_\_\_\_\_

Mother's Cell \_\_\_\_\_ Father's Cell \_\_\_\_\_

Parents' e-mail \_\_\_\_\_

Emergency Name & Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

Member's Name \_\_\_\_\_

Allergies \_\_\_\_\_

Medication being taken \_\_\_\_\_

Physical Handicaps or Special Conditions \_\_\_\_\_

### MEDICAL AND SURGICAL WAIVER

*Also: Property Damage, Transportation, and Personal Property Searches*

I am the parent and/or legal guardian of \_\_\_\_\_ and hereby acknowledge that he/she is under my care, custody, and control. In the event there arises an emergency necessitating medical/surgical attention, I expressly grant my permission and consent to the Whitesburg Baptist Church staff, its representatives, sponsors, or any attending physician, to make such decisions and to perform such medical treatments and/or surgery upon my child listed above which may in their sole discretion be necessary and proper under the circumstance. I, the undersigned parent and legal guardian of above mentioned child, do release, acquit, discharge, and covenant to indemnify and hold harmless Whitesburg Baptist Church or its representatives, the sponsors, or any attending physician, from any and all actions, causes of actions, related risks and dangers, including negligence, damages, liabilities arising out of the treatment of any sickness or accident, and any financial responsibility for all medical treatment provided.

I also assume financial responsibility for any damage my child may cause, and for providing transportation home should it become necessary for disciplinary reasons. I further give my consent for my child to ride in any vehicle the staff, representatives, or sponsors may designate.

I also give my permission to the Whitesburg Baptist Church staff, its representatives, and the adult sponsors and chaperones to search my child's personal belongings, including but not limited to all luggage, purses, and backpacks, if deemed necessary on rare occasion for security reasons.

I also give WBC the right and permission to publish, without charge, photographs and videos taken of my child during trip activities and events. They are to be used in whole or in part for publications, presentations, promotional literature, advertising, or other similar ways.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date