

**MORNINGSIDE BAPTIST CHURCH  
MEDICAL RELEASE/PERMISSION FORM 2018 ADULT/STUDENT**



For all individuals who travel on a trip sponsored by MBC, you will need to complete this form.  
Adults complete the top section only and sign. Note: A Notary Public is not required for adults.

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

Parents: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Emergency Person: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Address of Insurance Company: \_\_\_\_\_

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

Are you in generally good health? \_\_\_\_\_

Are you allergic to any medicines or drugs? \_\_\_\_\_ If so/which? \_\_\_\_\_

Do you have an updated tetanus shot? \_\_\_\_\_ Have you had your appendix removed? \_\_\_\_\_

Please list any medication you take on a regular basis or are now taking? \_\_\_\_\_

Is there any other medical information you feel we should know? \_\_\_\_\_

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I, the undersigned, as parent/guardian of \_\_\_\_\_ do hereby give my permission for my child to participate in events and trips sponsored by Morningside Baptist Church from January 1, 2018 to December 31, 2018. I will not hold Morningside Baptist Church or any individual acting on behalf of said church as agent, chaperone, overseer, or in any other capacity, liable or in any way responsible for any injuries or harm done to my child as a result of or in conjunction with said activity. In addition, I hereby authorize the agent, chaperone, or representative of Morningside to seek medical attention for my child should it be needed as a result of injuries or sickness. Neither Morningside Baptist Church nor any agent thereof shall be liable for any medical attention rendered by a doctor, clinic, hospital, nurse or any other individual or facility as a result of injury or sickness.

**Conduct Policy: In the case of gross misconduct (as determined by the Youth Minister and chaperones), I understand that my child will be sent home at my expense.**

**DO NOT SIGN THIS UNTIL YOU ARE IN THE PRESENCE OF A NOTARY PUBLIC!!**

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

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date

\_\_\_\_\_  
Expiration Date of Seal