

# 2020 MEDICAL RELEASE FORM

Name(s): \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Birthday: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Email: \_\_\_\_\_  
Numbers to Contact Parent/Guardian:  
Home: \_\_\_\_\_ Cell: \_\_\_\_\_  
Work: \_\_\_\_\_ Other: \_\_\_\_\_

<b>In Case Of Emergency, Notify:</b>	<b>Phone:</b>
<b>Family Physician:</b>	<b>Phone:</b>
<b>Family Insurance Co:</b> _____ <b>Group #:</b> _____ <b>Policy #</b> _____	<b>Phone:</b>

## Medical Information

Is there anything we should be aware of: \_\_\_\_\_  
\_\_\_\_\_

Food Allergies: \_\_\_\_\_

Drug Allergies: \_\_\_\_\_

Other Allergies: \_\_\_\_\_

Are all immunizations up to date:  Yes  No  We chose not to vaccinate

Date of last shots or tetanus: \_\_\_\_\_

Current Medications and Instructions: \_\_\_\_\_  
\_\_\_\_\_

Special Diet: \_\_\_\_\_

I, \_\_\_\_\_, hereby acknowledge that it is my desire (for my child) to participate in church-sponsored activities at First Baptist Church of Yukon, OK, including activities on and/or away from the church premises as well as transportation to and from such activities.

I AM (MY CHILD IS) VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES, INCLUDING TRANSPORTATION TO AND FROM SUCH ACTIVITIES, WITH KNOWLEDGE OF THE DANGERS INVOLVED AND HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY AS A RESULT OF SUCH PARTICIPATION AND TRANSPORTATION.

As lawful consideration for permitting me (my child) to participate in such activities, including the transportation to and from such activities, I hereby release and discharge First Baptist Church Yukon, its officers, employees, agents and members of the Board of Trustees from all actions, claims or demands I and my heirs, distributees, guardians, legal representatives or assigns now have or may hereafter have for any injury or damages resulting from the negligence or other acts, howsoever caused, by such church, officers, employees, agents and Board of Trustees, before or during my participation in such church-sponsored activities on and/or away from the church premises, including transportation to and from such activities.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND AN ASSUMPTION OF RISKS AND SIGN IT OF MY OWN FREE WILL.

This Consent and Release from Liability shall remain in effect until revoked in writing and delivered to any officer, employee or agent of First Baptist Church.

## Permission for Treatment

My permission is granted for FIRST BAPTIST CHURCH OF YUKON, OK staff member or sponsor in charge of any FBC Yukon student trip or event during the time period of January 1, 2020 through December 31, 2020 to obtain necessary medical attention in case of sickness or injury for my child. I understand I am responsible for all expenses as a result of this care.

Dated this \_\_\_\_\_ Day of \_\_\_\_\_, 2020 \_\_\_\_\_

(Signature of Parent/Guardian who has legal responsibility for medical care.)