

# SRBC Release Form

## Permission to Treat/Transport

### Effective August 2017 – July 2018

Smoke Rise Baptist Church 1550 Scenic Trail Warrior AL 35180 www.smokerisechurch.org

Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex (M/F): \_\_\_\_\_

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

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

Parent/Guardian: \_\_\_\_\_

Home Phone :(\_\_\_\_) \_\_\_\_\_ Cell Phone :(\_\_\_\_) \_\_\_\_\_

Secondary contact to notify in event of emergency: \_\_\_\_\_

Their relationship to you: \_\_\_\_\_ Their phone :(\_\_\_\_) \_\_\_\_\_

**Please supply ALL of the following information. Attach a copy of your insurance card.**

Medical Insurance Co.: \_\_\_\_\_ Group# \_\_\_\_\_

Policy#: \_\_\_\_\_ Company's Phone :(\_\_\_\_) \_\_\_\_\_

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

Family Physician's Name: \_\_\_\_\_ Phone :(\_\_\_\_) \_\_\_\_\_

Physical Limitations (Asthma, diabetes, allergies, etc.), and/or special instructions  
(Allergic to certain meds, rare blood type, wears contact lenses, etc.):

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List ALL medication taken on a regular basis and/or any brought with you  
to the conference (Prescription meds MUST have a pharmacy label and name of doctor):

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**Please turn over to complete and sign form!**

List all operations/serious injuries and dates within the past five (5) years:

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The Health History is correct so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted.

**Emergency Authorization** - I hereby give permission to medical personnel selected by the participant's Church sponsor/his designee or conference staff to order X-rays, routine tests, and treatment for myself. In the event of an emergency and neither my primary contact nor secondary can be reached, I hereby give permission to the physician selected by the Authorized Agent to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery to myself as named above. I further authorize the release of the above medical information to appropriate medical personnel and/or the health coverage insurance company. In addition, I have, and do hereby, release the church, its employees or agents from liability associated with participation in a church activity. I understand that if I do not have medical insurance, I, as the parent or guardian, will be responsible for any medical expenses in the event of a sickness and/or injury. I understand that there are risks involved in taking place in recreation activities and other activities related to participation in youth functions.

**Transportation Authorization** – I, the undersigned, give my consent for Smoke Rise Baptist Church or the identified above to be transported by and will assume all liability for my/their participation in this activity/event and any injury that may result during the transport or at the event/activity.

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Print Name of Parent/Guardian

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Signature of Parent/Guardian

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Date

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Print Name of Third Party Witness (18 years or older)

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Signature of Third Party Witness (18 years or older)

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Date