

Medical information and release form

Date: _____

Child's name _____ Age: _____ Birthday: _____

Parent's name _____ Best contact number _____

Alternate Contact name: _____ Alt. contact number _____

Insurance Company _____

Insurance Policy # _____

Parental Consent:

As a parent/guardian of _____ I hereby give my permission for my child or ward to attend and participate in the activities sponsored by Immanuel Baptist Church (IBC). I do hereby hold harmless IBC, its directors, officers, employees, volunteers or agents of said organization, for any bodily injury, illness or disease, or for loss or damage to any property or appliance of said child or ward. I assume the risk and financial responsibility for any injury or liability resulting from his/her participation. In case of medical emergency, I understand every reasonable effort will be made to contact me. In the event I cannot be reached, I hereby give permission to secure proper treatment for and order injection or anesthesia or surgery for my child or ward as named above. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to him/her. The undersigned does and hereby give permission for said child or ward to ride in any vehicle designated by the staff of IBC while attending or participating in activities sponsored by IBC. I consent to the use of any video images, photographs, audio recordings or any other visual or audio reproduction that may be taken of said child or ward while participating in activities sponsored by IBC, to be used, distributed or shown as IBC sees fit.

Parent/guardian name _____

Parent/guardian signature _____

Date _____

(please fill out back)

Does your child have any allergies?

If so please list here _____

Please list any other health concerns _____

Please list any medications and dosage:

Medicine	Dosage