

LIABILITY & MEDICAL TREATMENT RELEASE FOR 'ADULTS'
ATTENDING OR PARTICIPATING IN EVENTS ASSOCIATED WITH CENTENNIAL BAPTIST CHURCH

Full Name: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

Employer: _____ Work Phone: _____

Insurance Carrier Name and Address: _____

Policy No: _____

Notify in Emergency: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____ Phone: _____

Family Physician: _____ Phone: _____

Allergies: _____

Last Tetanus: _____

Medical Problems: _____

Medication Being Used (include dosage/frequency): _____

Present State of Health: _____

AUTHORIZATION FOR TREATMENT & RELEASE OF LIABILITY

I, _____, the undersigned, hereby consent to the nurse or physician selected by Centennial Baptist Church (CBC) to perform routine tests and treatment for the health of myself in the event of an emergency where I am incapacitated. I also give my permission for the physician selected by Centennial Baptist Church to hospitalize, secure proper treatments for, and to order injection, anesthesia, or surgery. Furthermore, I will hold Centennial Baptist Church harmless from all liability associated with this event and will be responsible for any and all costs for treatments or care, should it become necessary.

Date

Signature