

LIABILITY & MEDICAL TREATMENT RELEASE FOR 'MINORS' (17 & UNDER) ATTENDING OR PARTICIPATING IN EVENTS ASSOCIATED WITH CENTENNIAL BAPTIST CHURCH

**Minor CBC BUS OR VAN Passengers who DO NOT meet the Georgia guidelines to ride WITHOUT a Car Seat may NOT ride.*

***Minor CBC BUS OR VAN Passengers requiring a Booster Seat MUST PROVIDE their own seat.*

Minor's Full Name: _____ Date of Birth: _____

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Allergies, Medical Problems or Medications being taken (include child's name, dosage & frequency):

Parent/Guardian's Name: _____

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: _____

AUTHORIZATION FOR TREATMENT OF MINOR

I, the undersigned parent or legal guardian of *the minor child(ren) listed above*, hereby consent to the nurse or physician selected by Centennial Baptist Church to perform routine tests and treatment for the health of my child(ren). In the event I cannot be reached in an emergency, I hereby give my permission for the physician selected by Centennial Baptist Church to hospitalize, secure proper treatments for, and to order injection, anesthesia, or surgery for my child(ren).

In the event of any emergencies, I, the undersigned, hereby grant authority to be exercised at the discretion of Centennial Baptist Church, or a chaperone, to dispense over-the-counter medication. 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 of Parent or Guardian