

Pleasant Grove Baptist Church Medical Release and Liability Waiver Form

The purpose of this form is to provide information in the event of an emergency, permission to seek medical treatment, and parent consent to do so.

Youth's Full Name: _____

Birth date: _____ Grade in School: _____

Parents'/Guardians' Names: _____

Home address: _____
Street City State Zip code

Phone: _____
Home Mother-work Father-work

Phone: _____
Mother-cell Father-cell

We (I) the parents/guardians of _____ a minor, after failed attempts to contact us (me) do hereby authorize our/my child's group leader or youth counselor at Pleasant Grove Baptist Church to consent to any x-ray, anesthetic, medical, surgical, and dental diagnostic or treatment as may be considered necessary by the physician, surgeon, dentist or other health care personnel for such minor child.

The undersigned shall be liable and agree(s) to pay all cost in connection with medical treatment of our (my) child.

We (I) further release Pleasant Grove Baptist Church and any members of its governing boards and committees, pastors, employees, staff counselors, and volunteers acting on behalf of and of the above, for any and all liability, claims, suits, cause of action and demands, at law or in equity, and however arising, for personal injuries and damages which may be incurred by our (my) child and/or ourselves while such child attends, participates in, or travels to and from, any youth activities sponsored by or affiliated with Pleasant Grove Baptist Church.

Signature of Parent /Guardian: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____ (Both
Parents/Guardian sign)

(continued on next page)

Insurance Information

Health Insurance Company: _____

Insurance Policy or Group Number: _____

Insurance Company Phone Number: _____

Physician's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

Emergency Contacts (Please provide 2)

Emergency Contact Name: _____

Relationship: _____ Phone: _____

Emergency Contact Name: _____

Relationship: _____ Phone: _____

Does youth participant have/subject to/reaction to: (If yes please explain)

Yes No

___ ___ Allergies? _____

___ ___ Heart Conditions? _____

___ ___ Headaches? _____

___ ___ Seizures? _____

___ ___ Motion Sickness? _____

___ ___ Fainting? _____

___ ___ Sleep walking? _____

___ ___ Upset Stomach? _____

___ ___ Bee stings? _____

___ ___ Penicillin? _____

___ ___ Other Drugs? _____

___ ___ Poison Ivy/Oak/Sumac? _____

___ ___ Asthma? _____