

MEDICAL/LIABILITY RELEASE FORM

Release of All Claims

In consideration for being accepted by Istrouma Baptist Church for participation in any and all Children's Ministry Activities:

- A. For the participant: I/we, the undersigned, being 21 years of age or older, do for myself/ourselves hereby release, forever discharge and agree to hold harmless Istrouma Baptist Church, and the directors, officers, staff, employees, and/or volunteer members thereof from any and all liability, claim or demands for personal injury, sickness, death, property damage or expenses, of any nature whatsoever, which may be incurred by the undersigned that occur while I/we are participating in any activities or trips during said time period.
B. For the responsible party of a participant: I/we, being the custodial parent(s), guardian or responsible party for the participate under the age of 21 years, do for participant shown herein and my own behalf, hereby release, forever discharge and agree to hold harmless Istrouma Baptist Church, and the directors, officers, staff, employees, and/or volunteer members thereof from any and all liability, claim or demands for personal injury, sickness, death, property damage or expenses, of any nature whatsoever, which may be incurred by the said participant while participant is involved in any activities or trips.
C. For both: I/we hereby grant my/our permission for said child to participate fully in said trips and/or activities, and hereby give my/our permission for the church to take myself/participant to a doctor or hospital and hereby authorize medical treatment, including, but not limited to, emergency surgery or medical treatments, and the undersigned assumes responsibility for all medical expenses, if any.

Print Name of Participant
Print Address of Participant
Medical Insurance Company
Policy Number

Print Father's or Legal Guardians Name
Print Mother's of Legal Guardians Name
Custodial Parent/Guardian's Address
Contact Numbers

I/we have read and understand the above and foregoing rules of conduct for participants and the release of liability/medical release form, and agree that I/the participant must abide by same and the directions of the leadership during the activities this act covers. I/we hereby agree to said release of liability/indemnity agreements contained herein.

Signature of Participant or Parent/Legal Guardian

Medical Information

Is camper subject to fainting? Yes No (circle one)
Heart trouble? Yes No
Tetanus Shot? Yes No
Drug reactions? Yes No
Description of reaction:
Sleepwalking? Yes No
Allergic to insect stings? Yes No
Allergies? Yes No What?
To what drugs?
Has camper had or have any significant diseases (rheumatic fever, asthma, kidney infections, diabetes, etc.)? Yes No
If so, what diseases?
Is camper taking any medications? Yes No
List current medications-

All medicine must be in original prescription bottles with child's name and dosage clearly marked and placed in one zip lock bag.

Emergency Contacts-

Name- home phone- cell phone- relationship-
Name- home phone- cell phone- relationship-