

YOUTH MEDICAL RELEASE FORM

Meadowood Baptist Church

June 1, 2017 - June 1, 2018

Name _____ M or F Birthday _____ Grade in the fall _____

Address _____ School _____

City/State/ZIP _____ Home Phone _____

Parents' Names _____ Parent's Work Phone _____

Other Phone Numbers _____

MEDICAL INFORMATION

Family Physician _____ Phone _____ Emergency Phone _____

Insurance Company _____ Policy # _____ Ins. Co. Phone _____

Member's Name _____ Date of Last Tetanus Shot: _____

Allergies _____

Medication being taken _____

Physical Handicaps or Special Conditions _____

MEDICAL AND SURGICAL WAIVER

Also: Property Damage, Transportation for Disciplinary Reasons and Personal Property Searches

I am the parent and/or legal guardian of _____ and hereby acknowledge that he/she is under my care, custody, and control. In the event there arises an emergency necessitating medical/surgical attention, I expressly grant my permission and consent to the Meadowood Baptist Church staff, its representatives, sponsors, or any attending physician, to make such decisions necessary and proper under the circumstance. I, the undersigned parent and legal guardian of above mentioned child, do release, acquit, discharge, indemnify and hold harmless Meadowood Baptist Church or its representatives, the sponsors, or any attending physician, from any and all actions, causes of action, related risks and dangers, including negligence, damages, liabilities arising out of the treatment of any sickness or accidents, and any financial responsibility for all medical treatment provided.

I also assume financial responsibility for any damage my child may cause, and for providing transportation home should it become necessary for disciplinary reasons.

I also give my permission to the Meadowood Baptist Church staff, its representatives, and adult sponsors and chaperones to search my child's personal belongings, including but not limited to all luggage, purses, and backpacks, if deemed necessary on rare occasion for security reason.

Signature of Parent or Guardian

Date

Sworn to and subscribed before me this

_____ Day _____

NOTARY PUBLIC, State of Oklahoma