



Medical Permission and Release Form

Morningside Baptist Church * 897 S. Pine St. * Spartanburg, SC 29302 * (864) 585-5457

This form is to be carried on all trips away from Morningside Baptist Church for easy reference when needed.

Name _____ Birth Date _____

Address _____

City _____ State _____ Zip _____

Mother's Name _____

Father's Name _____

Legal Guardian's Name (If different from above) _____

Home Phone _____

Cell Phone _____

Father's Contact Info:

Mother's Contact Info

Employer _____

Employer _____

Work Phone _____

Work Phone _____

Alt. Phone _____

Alt. Phone _____

Additional Contact Name _____ Relationship _____ Phone _____

Physician Name _____

Physician Phone _____

Orthodontist/Dentist _____

Dentist Phone _____

Allergies (e.g. medications, food, insect / bites)

Date of Last Tetanus Immunization _____

Insurance Carrier _____

Primary Policy Holder _____

Special Medications _____

Policy Number _____

Carrier Phone Number _____

Other Important Medical Information _____

Please attach a copy of both sides of your insurance card

Please complete the reverse side →

- I (we) hereby give permission for my (our) child to attend and participate in activities sponsored by Morningside Baptist Church.
- I (we) hereby authorize Morningside Baptist Church and its acting leaders to teach and lead my (our) child in religious lessons and services which include prayer and Bible teaching.
- I (we) hereby authorize leaders and authorized adult chaperones of Morningside Baptist Church to transport my (our) child to and from church related event.
- I (we) hereby authorize leaders and adult chaperones of Morningside Baptist Church to take my (our) child to receive any necessary medical treatment in the event of an emergency and in which neither parent can be reached.
- I (we) hereby authorize leaders and adult chaperones from Morningside Baptist Church to dispense to my (our) child any necessary over-the-counter medications (according to proper dosage instructions) when deemed necessary.
- The undersigned adult shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.
- Should it become necessary for my (our) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.
- I (we) hereby, forever discharge and agree to hold harmless Morningside Baptist Church and the director thereof from any and all liability, claims or demand for personal injury, sickness or death, as well as property damages and expenses, of any nature whatsoever which may be incurred by the undersigned adult and the child-participant that occur while said child is participating in any trip or activity with Morningside Baptist Church.
- The medical consent and liability waiver provisions hereof shall remain in full force throughout 2013 and in effect until written notice of revocation or withdrawal is received by Morningside Baptist Church at its office. It is the responsibility of the parent or guardian to notify the church of any changes in medical condition, guardianship, address or phone change in writing to the address listed at the beginning of this form.

Father's Name _____

Father's Signature _____

Date: _____

Mother's Name: _____

Mother's Signature: _____

Date: _____

(If different from above)

Legal Guardian's Name: _____

Legal Guardian's Signature: _____

Date: _____

Notary Information
The Notary Seal is required

Taken, subscribed and sworn to before me, a Notary Public, in and for the County of Spartanburg, SC on this:

_____ day of _____, 2015.

_____, Notary Public for the State of South Carolina.

My Commission Expires: _____