



Medical Release Form

Student Name _____ Date of Birth _____

School _____ Grade in School _____ Age _____

Male/Female _____ Parent(s) Name(s) _____

Home Phone _____ Cell Phone _____

Emergency Contact: _____

Insurance Company _____

Policy Number _____ Group Number _____

Name of policyholder _____

Primary Physician _____ Phone _____

Medical History

1. Does the child have any known physical defect or illness which might interfere with his/her participation in strenuous activity? If so, please explain.
2. Does the child have any severe allergies or reactions to drugs or medicines? Explain.
3. Is the child presently taking any medications or on any special diet or exercise restrictions? If yes, please list specific details. (Name of drugs, dosage, etc.)

Release to use Image and Likeness

On occasion, Union Grove Baptist Church or The Grove Student Ministry takes photographs or makes an audio or videotape recording of children and/or adults involved in activities. Such photographs or video records may be used by staff and participants to remember the activities and participants. Local news organizations may hear of our activities or events, and our organization may invite or allow them to photograph or record our events for news reporting on special interest features. I consent to the use of any such audio or visual record of the child named above to be used, distributed, or displayed as agents of the organization see fit. This consent includes but is not limited to: photographs, videotape, and audio recordings. Furthermore, I give permission for the child to be interviewed by the news media, or for such photographs and other audio or visual records to be used by the news media. In addition, such photographs and audio/visual recordings may be used in publications or advertising materials to let others know about our activities.

Release of Liability

By signing this Permission/Waiver Form, I expressly warrant that the child named above is capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the child participating in the activities, whether such risks are known or unknown to me at this time. I further release this organization and its leaders, employees, volunteers, and agents from any claim that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against this organization or its leaders, employees, volunteers, or agents. I further agree to indemnify and hold harmless this organization and its leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child during such activities.

First Aid and Emergency Medical Treatment

I recognize that there may be occasions where the child named above may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of this organization to seek and secure any needed medical attention or treatment for the child named above including hospitalization, if in the agent's opinion such need arises. In doing so I agree to pay all fees and costs arising from this action to obtain medical treatment. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment. I give permission for the UGBC Adult leadership to give over-the-counter medications as needed. I give permission to transport the child named above to a medical treatment center in a non-emergency vehicle in a medical emergency situation.

Medical Release Statement

I understand that in the event medical intervention is needed, every attempt will be made to contact the parents and person listed as emergency contact. I also hereby give my permission to the physician or dentist selected by the activity leader to provide medical treatment, hospitalize and/or order an injection, anesthesia or surgery for my child as deemed necessary. I understand all reasonable safety precautions will be taken at all times by the adult leaders of Union Grove Baptist Church, however I understand the possibility of unforeseen hazards and inherent risks during the activities. I agree not to hold Union Grove Baptist Church, its leaders, employees and volunteer staff liable for damages, losses, diseases or injuries incurred by the subject on this form.

Student Agreement

I agree to abide by all guidelines given by the leadership of Union Grove Baptist Church. I understand that failure to abide by these guidelines will result in a warning, loss of privileges and/or dismissal from the activity at my own expense.

Parent/Guardian Signature _____ Date _____

Student Signature _____ Date _____