

Salem Heights Baptist Church
MEDICAL RELEASE FORM
Current Youth Activity

Name _____ Parent's Name _____
Address _____ Parent's Work Phone _____
Home Phone _____ Cell _____
Male ___ Female ___ School _____ Grade ___ Date of Birth _____
Salem Heights Member? _____ (yes or no) If not, guest of _____
Medical Insurance _____
Primary Care Physician _____ PCP's Phone Number _____
Person to contact in case of emergency (other than parent) _____
Home phone _____ Work Phone _____

Medical Information (check and explain all that apply)

___ Allergies _____
___ Medications (dosage and times) _____
___ Student in counseling currently, or past three years (if yes for what)

___ Special instruction with respect to counseling

___ Depression or Behavioral problems
___ Special prayer needs

Permission and Release to Treat

In case of emergency, you are authorized to take such measures necessary and arrange for such medical and hospital treatment, as you may deem necessary for the health and well being of my child. I release Salem Heights Baptist Church, the staff and volunteers from any claim or any liability due to sickness or injury to my child. I authorize and release Salem Heights Baptist Church, the staff and volunteers to speak to my child's Primary Care Physician, as they deem necessary, and I wave any claim of medical privilege.

Signature of Parent/Guardian _____

Date _____

In consideration for my child being allowed to participate in activities by Salem Heights Baptist Church, I hereby release, discharge, indemnify, and agree to hold harmless Salem Heights Baptist Church, its directors, officers, employees, and all volunteer personnel from any and all liability for personal injuries and/or damage(s), injury, or illness that may be suffered by _____ I also agree to pay for any damages to persons or property for which my child may be responsible.

I further agree to indemnify and hold harmless Salem Heights Baptist Church, its directors, officers, employees, agents and all volunteers for any claim and/or damages it or its agents are required to pay or incur as a result of any injury or damage including reasonable attorney fees, litigation expenses, and court costs.

Signature of Parent/Guardian _____ Date _____