

EAST ATHENS BAPTIST CHURCH MEDICAL, PERMISSION, AND RELEASE FORM

NAME: _____ BIRTH DATE ____/____/____

ADDRESS: _____ CITY: _____ ST: ____ ZIP: _____

PARENT/GUARDIAN _____ SSN: _____

ADDRESS (if different than child) _____

PHONE: (primary) _____ (secondary) _____

----- (Complete below if information is different from above) -----

PERSON RESPONSIBLE FOR CHARGES: _____

ADDRESS: _____ CITY: _____ ST: ____ ZIP: _____

----- (Complete the following information) -----

EMERGENCY CONTACT (other than above): _____

PHONE: (primary) _____ (secondary) _____

Family Physician: _____ Phone: _____

Insurance Company: _____ Policy #: _____

Immunizations: _____ Tetanus _____ Polio Booster _____ Measles _____ Mumps

Allergies:

Known Medical Issues or Concerns:

Previous Operations or Serious Illnesses:

Current Medications:

----- (Complete the following page on back) -----

I, undersigned parent or guardian of _____,
do hereby state that said child is physically and medically able to participate in any East Athens Baptist Church Student Ministry Functions and Events from January 2023 through December 2023.

My permission is granted for the minister or sponsor in charge to obtain necessary medical attention and information in case of sickness or injury to my child. I authorize physicians, dentists, and staff, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor.

I do hereby verify that the above information is correct, and I do hereby release and forever discharge all sponsors and employees of East Athens Baptist Church from any and all claims, demands, actions or cause of action, past, present or future arising out of any damage or injury while participating in a church activity.

SIGNATURE OF PARENT/GUARDIAN _____

DATE: _____