First Baptist Church Leesburg

P.O. Box 1009 Leesburg, GA 31763

Children's Medical Release Form - Permission to Treat

(Must be filled out by an adult. Please print legibly in black or blue ink.)

Personal Information:

Child's Name: _____ Name to be called: _____

Age: _____ Gender: _____ Date of Birth: _____/_____/_____ Current School Grade: 2026-2027

Address: _____City_____

State: _____ Zip: _____ Phone #: _____

Emergency Information:

Primary Contact: _____Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Number: _____

Secondary Contact: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Number: _____

Insurance Information:

*Attach a copy of your insurance card/prescription card to this form. (If none, provide signed sheet stating this.)

Insurance Co.: _____ Policy #: _____

Group #: _____ Card holder: _____ Relationship: _____

Place of Employment: _____ Occupation: _____

Insurance Co. Address: _____

Phone #: _____

Personal Medical Information: *I understand that I am responsible for informing the church of any changes pertaining to this form that occur in a timely manner.*

Generally, participant's health is (check one) _____ Excellent _____ Good _____Fair _____Poor
If fair or poor, please explain participant's condition: _____
_____

List any medical difficulties for which you are currently being treated: _____
_____

Circle any of the following that may cause you problems and explain:

Asthma	Kidney trouble	Fainting	Frequent-Sore-Throat	Ear Infections	ADD/ADHD
Sinusitis Bronchitis	Heart trouble	Stomach-Upset		Epilepsy	Behavioral Issues
Hay Fever	Diabetes	Frequent Colds	Wear Contact Lenses	Bed Wetting Sleep	Blood Pressure
Sensitive Skin	Dizziness			Walking	

Other:_____

Circle any of the following you are Allergic to: Peanuts/Nuts Milk Eggs Grass Bees/Wasp Insects Latex
Other_____

List any medicines to which you are allergic to or have had adverse reactions:_____
_____

List any medications you are currently taking: _____
List any previous operations or serious illnesses:_____
List any special diet or special needs: _____
Childhood diseases: Chickenpox _____ Measles _____ Mumps _____ Whooping cough _____ Other _____
Date of Tetanus Immunization: _____/_____/_____ Shot Records up to date: ____ yes ____ no
Family Physician: _____Phone:_____
Dentist/Orthodontist: _____Phone:_____

Child's Name:_____

Permission for Medical Treatment, Photograph/Video Notice, Vehicle permission

My permission is granted for the Leesburg First Baptist employee or volunteer present to obtain necessary medical attention in case of sickness or injury to my ,child. Also, I understand that as a participant, my child may be photographed or videotaped during church activities and these photos/videos may be used in promotional materials. I understand, there may or may not be a certified lifeguard present in the event my child goes swimming. In addition, I permit my child/children to ride in church and personal vehicles to and from youth events. _____
(Initial here)

Release, Waiver and Indemnity Agreement

By signing this Permission/Waiver Form, I expressly warrant that my child is capable of withstanding both the physical and mental demands of youth activities. 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 First Baptist Church, Leesburg, and its ministers, leaders, employees, volunteers, drivers, and agents from any claim that my child may have or that I may have against them as a result of injury, illness or death incurred during the course of participation in any activity. 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 First Baptist Church, Leesburg or its ministers, leaders, employees, volunteers, drivers, or agents. I further agree to indemnify and hold harmless First Baptist Church, Leesburg, and its ministers, leaders, employees, volunteers, drivers, or agents from all claims arising from participation in its activities and programs, or as a result of injury, illness or death of my child during such activities.

For, and in consideration of permitting my child/children to observe, or use any facility or equipment of First Baptist Church, Leesburg, or engage in and/or receive instruction in any activity or activity incidental thereto including, but not limited to vehicular transportation in church or privately owned means of transportation, to, from any destination for a youth or church event, in the state of Georgia and out of the state of Georgia, the undersigned parent and/or guardian of said child hereby voluntarily and absolutely releases, discharges, waives, and relinquishes any and all loss or damages or actions or causes of action for personal injury, property damage, or wrongful death as a result of same observing or using facilities, equipment, or vehicular transportation in church or privately owned means of transportation.

By signing this form my child agrees to adhere to the rules and regulations set forth by First Baptist, Leesburg or its ministers, leaders, employees, volunteers. If he/she chooses to violate the rules or present a behavior problem I understand that he/she will be reasonably disciplined as the occasion permits. I understand that any damages incurred by my child due to his/her actions will be my responsibility. I further understand that this may include the returning home of the said child, with any expense incurred my responsibility. _____
(Parent/Student initial here)

I, the undersigned, do hereby verify that the above information is correct. I agree to indemnify First Baptist Church for any and all claims, demands, damages, injuries, costs, suits, or property leased or owned by First Baptist Church.

Complete and sign below (youth under 18 years of age requires Parent/Legal Guardian signature)

Parent/Legal Guardian Signature _____

Phone (_____) _____ Date _____/_____/_____

Notary Acknowledgement

State of _____}

County of _____}

Personally appeared before me, _____, with whom I am personally acquainted, and who acknowledged that he/she executed the within instrument for the purposed therein contained.

Witness my hand the _____ day of _____, 20_____.

Notary Signature: _____

My Commission expires: _____