ACCIDENT RELEASE FORM AND MEDICAL CARE
October 1, 2013 – December 31, 2014

Student Name: Last_____ First_____
Grade: _____ Male____ Female____

In consideration for you agreeing to accept _____ as a participant in the activities of Emmanuel Baptist Church of White Oak, TX, and its sponsored/non-sponsored groups, I hereby give my authority and consent to medical and surgical treatment as may be needed in the judgment of the treating physician for my child by a physician chosen by a representative of the church or an employee working under the authority of this body. I also authorize the church or any person designated by the church to transport my child to and from any activity or to seek medical attention in case of emergency. Further, we/I do hereby release and do not hold responsible the incorporation of Emmanuel Baptist Church for any claims or suits arising from any accident or injury or sickness which arises while using the facilities of the church or attending any sponsored/non-sponsored activities. We/I further agree to pay any damages done to property, buildings, or equipment which should arise due to my child's use of such property, buildings, or equipment.

Parent's Name **(please print)**: _____

Date of Birth: _____

Address: Home Phone:_____

City: _____ State: _____ Zip: _____

Father's Name:_____

Business Phone: Father's: _____Cell: _____Other: _____

Email:_____

Mother's Name: _____

Business Phone: Mother's _____Cell:_____ Other: _____

Email_____

Another Person to Notify In Case of Emergency:

Name: _____ Phone: _____ Relationship: _____

NAMES OF PERSONS, OTHER THAN PARENT, TO WHOM CHILD MAY BE RELEASED:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

IS THERE ANY SPECIAL CIRCUMSTANCE THAT WE SHOULD BE AWARE OF?

_____

INSURANCE INFORMATION

Name of Insurance Company:_____

Phone # of Ins. Co: _____Group Number: _____Policy Number:_____

Member Name of Policy Holder:_____

PLEASE ATTACH A COPY OF INSURANCE CARD

HEALTH INFORMATION

Is your child currently on medication? Yes No

If yes, what: _____

Dosage: _____

List of allergies (drugs, food, etc.): _____

Physical Disorders: (diabetes, epilepsy, asthma, fainting, heart condition, other)

_____

_____

Date of last Tetanus shot: _____ Shot Record (Current): _____

Can child take part in regular activities including swimming? Yes No

My permission is granted for my child to be given blood at the discretion of a physician: Yes No

Parent's/Guardian's Signature: _____Date:_____

Notary's Official Signature: _____Date:_____

Commission Expiration Date: _____ Other Information: _____