

2008

(Valid Sept 07 through Dec 2008)

Youth Ministry
Central Baptist Church of Bearden
6300 Deane Hill Dr, Knoxville, TN 37919
(865) 588-0586

Activities Participation & MEDICAL RELEASE form

Name _____
Street _____ Birth Date _____
City _____ State _____ Zip _____
Parent(s) Name _____

Home Phone _____ Father's Work # _____
Mother's Work # _____ Father's Cell # _____
Mother's Cell # _____

Family Physician _____ Phone # _____
Insurance Company _____
Insurance Group or Policy # _____
Mailing Address for Claims _____

Names of friends/relatives not living at your residence who could be telephoned in an emergency.

Name _____
Phone # _____
Name _____
Phone # _____

Identify on the back any information that would be helpful to a medical team (i.e.: allergies; diabetic and if so, is insulin taken; regular medication; any chronic disease or illness).

(OVER)

***attach a copy of your insurance card—front and back**

Liability Release

We (I) authorize an adult sponsor of Central Baptist Church of Bearden, in whose care the minor has been entrusted to consent to any x-ray exam, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care to be rendered to the minor under the special supervision and on the advise of any physician or dentist licensed under the provision of the Medical Practice Act on the medical staff of a licensed hospital.

We (I) agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

We (I) agree that should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

We (I) assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation or work activities involved therein.

We (I) do give our (my) permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Central Baptist Church of Bearden.

	Father	Date
Mother	Date	
Legal Guardian	Date	

Notary _____

My commission expires _____

U R G E N T ! Please attach a copy of both sides of your insurance card.