

Southmont Baptist Church 2017

Medical Permission and Release Form for Minors

Minor's Info:

Name: _____ Date Completed: _____

Age: _____ Birth Date: _____ Sex (circle): Male / Female

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____

Email: _____

Father: _____ Work #: _____ Cell #: _____

Mother: _____ Work #: _____ Cell #: _____

Guardian: _____ Work #: _____ Cell #: _____

In case of an Emergency, and Parent or Guardian cannot be reached, please contact:


Name: _____

Phone: _____ Relationship: _____

Medical Info

*Insurance Company: _____

Policy Number: _____ Hospital Preference: _____

 We currently do not have insurance.

Family Physician: _____ Office Phone: _____

Family Dentist: _____ Office Phone: _____

Current Medication(s): _____

My Child attends the following school: _____

His/her immunization record is on file at the school and all required immunizations are current.

Allergies/Medical Issues

Foods: _____

Medications: _____

Insects/Bites: _____

Special Diet: _____

Previous Serious Illness: _____ Date: _____

Other Important Medical Information or Chronic Conditions: _____

*** Please attach a front and back copy of your insurance card to be turned in with this form.**

Please check each week your child will attend summer camp. The \$10.00 per week deposit will need to be paid to hold your child's spot.

- Week 1 June 5-June 9
- Week 2 June 12-June 16
- Week 3 June 19- June 23
- Week 4 June 26- June 30
- Week 5 July 3- July 7 (out July 4th)
- Week 6 July 10-July 14
- Week 7 July 17- July 21
- Week 8 July 24-July 28
- Week 9 July 31- August 4
- Week 10 August 7- August 11

Office Use Only

Week	Deposit /check number	Swim shirt/paid	Tuition /check number
Week 1			
Week 2			
Week 3			
Week 4			
Week 5			
Week 6			
Week 7			
Week 8			
Week 9			
Week 10			

THIS PAGE MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC

Southmont Baptist Church Ministries and Volunteers Are Designated By The Abbreviation "SMBC" Throughout This Entire Form

I (we) hereby authorize SMBC to take my (our) child to the before named physician or facility for medical treatment in the event of an emergency in which neither parent can be reached.

I (we) hereby give permission for my (our) child to attend and participate in activities sponsored by SMBC Ministries. I (we) hereby authorize SMBC to include (our) child in supervised water activities.

I (we) hereby authorize SMBC and its acting leaders to teach and lead my (our) child in religious lessons and services, which may include prayer and Bible teaching.

I (we) do hereby authorize any licensed physician or medical treatment center to treat my (our) child in the case of emergency in which the before named physician cannot respond.

The undersigned adult shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for my (our) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs where applicable only.

I (we) hereby release, forever discharge and agree to hold harmless SMBC and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damages and expenses, of any nature whatsoever which may be incurred by the undersigned adult and the child-participant that occur while said child is participating in any trip or activity with SMBC.

Furthermore, I (we), on behalf of my (our) child/participant if under the age of 18 years, hereby assume all risk of personal injury, sickness, death, damage and expenses as a result of participation in recreation and work activities involved therein.

Further authorization and permission is hereby given to said church to furnish any necessary transportation, food, and lodging for this participant where applicable only.

The undersigned further hereby agrees to hold harmless and indemnify said church, its directors, employees, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

The medical consent and liability waiver provisions hereof shall remain in full force and in effect until written notice of revocation or withdrawal is received by SMBC at its office. It is the responsibility of the parent or guardian to notify the church of any changes in medical condition, guardianship, address or phone change in writing to the address listed at the beginning of this form.

Parent/Legal Guardian Signature: _____ Date: _____

Photo and Video Permission

I also allow photos or videos taken of my child at any event affiliated with SMBC, that this image of my child could possibly be used in publications, promotional materials and/or posted on the website of SMBC(www.southmont.org) for the sole purpose of information about events at Southmont Baptist Church.

Parent/Legal Guardian: _____ Date: _____



Notary Public Information

Name _____ State of _____ County of _____

Sworn and subscribed before me this _____ day of _____, 2017

Notary Signature: _____

Notary applies to both pages of this form.