

**Medical Release/Release of Liability Form
Student/Child**

Name of Participant _____ Age _____ Birthdate: ____/____/____

Name of Parent/Guardian _____

Address _____ City _____ St _____ Zip _____

Phone (home) _____ (Parent work) _____ (Parent cell) _____

Student cell: (_____) _____

In case of an emergency & parent/legal guardian cannot be reached, notify:

_____ Phone: (_____) _____ Relation: _____

Family Physician _____ Phone (_____) _____

Family Insurance company _____ Policy # _____

What Immunizations have you had: Tetanus (date) _____ Polio Booster _____

Measles _____ Mumps _____ Other _____

Past Medical History

Check applicable problems and give information below:

Asthma _____ Diabetes _____ Dizziness _____ Stomach Upset _____

Hay Fever _____ Other: _____

List allergies: Food _____

Penicillin or other drug (name) _____

Insect stings or bites _____ poison sumac, oak, ivy _____

Other _____

Previous surgery(ies) or serious illness: _____

List any current medications you are taking: _____

Special diet: (name) _____

List any childhood diseases that you have had: chicken pox _____ measles _____ Mumps _____

whooping cough _____ other _____

Permission for Treatment and Release from Liability

I/we grant permission for my child to participate in the Ski Trip to Winterplace Resort, WV, January 3-6, 2012 with Signal Mountain Baptist Church. I/we also grant permission for the Signal Mountain Baptist Church staff or adult chaperone to obtain necessary medical attention in the case of sickness or injury to my child.

I/we hereby verify that the above information is correct and also, hereby release and forever discharge Signal Mountain Baptist Church, its staff and adult chaperones from any and all claims, demands, actions, or causes of action, past, present, or future arising out of any damage or injury while participating in church related activities.

Signature of Parent/Legal Guardian: _____ Date _____

On this ____ day of _____, _____, personally appeared before me _____, personally known by me, and in my presence executed the within and foregoing release form. Witness my hand and official seal this

____ day of _____, _____. State of _____, County of _____

My commission expires: _____. Notary Public: _____

**Medical Release/Release of Liability Form
Adult Form**

Name of Participant _____ Age _____ Birthdate: ____/____/____

Address _____ City _____ St _____ Zip _____

Phone (home) _____ (work) _____ (cell) _____

In case of an emergency, notify:

_____ Phone: (____) _____ Relation: _____

Family Physician _____ Phone (____) _____

Family Insurance company _____ Policy # _____

What Immunizations have you had: Tetanus (date) _____ Polio Booster _____ Measles _____ Mumps _____

Other _____

Past Medical History

Check applicable problems and give information below:

Asthma _____ Diabetes _____ Dizziness _____ Stomach Upset _____ Hay Fever _____

Other: _____

List allergies: Food _____

Penicillin or other drug (name) _____

Insect stings or bites _____ poison sumac, oak, ivy _____

Other _____

Previous surgery(ies) or serious illness:

List any current medications you are taking:

Special diet: (name) _____

List any childhood diseases that you have had: chicken pox _____ measles _____ Mumps _____

whooping cough _____ other _____

Permission for Treatment and Release from Liability

I will participate in the Ski Trip to Winterplace Resort, WV, January 3-6, 2012 with Signal Mountain Baptist Church. I also grant permission for the Signal Mountain Baptist Church staff or adult chaperones to obtain necessary medical attention in the case of sickness or injury to myself.

I hereby verify that the above information is correct and also, hereby release and forever discharge Signal Mountain Baptist Church, its staff and adult chaperones from any and all claims, demands, actions, or causes of action, past, present, or future arising out of any damage or injury while participating in church related activities.

Signature of Participant: _____ Date _____

On this ____ day of _____, _____, personally appeared before me _____, personally known by me, and in my presence executed the within and foregoing release form. Witness my hand and official seal this ____ day of _____, _____. State of _____, County of _____

My commission expires: _____. Notary Public: _____