



CHILDREN/STUDENT Permissions & Medical Release Form (August 1, 2016 - August 31, 2017)

PARTICIPANT INFORMATION: (Please Print)

Name _____ Parent/Guardian _____

Date of Birth ___/___/___ Age _____ Grade Enter for the 2016-2017 School Year _____

Home Address _____ City _____

State _____ Zip _____ Primary Phone _____ Secondary Phone _____

EMERGENCY INFORMATION:

In case of emergency and the parent/guardian is unable to be reached, please contact the following:

1. Name _____ Relationship to participant _____

Phone _____ Alternate Phone if applicable _____

2. Name _____ Relationship to participant _____

Phone _____ Alternate Phone if applicable _____

MEDICAL INFORMATION:

Generally, the above participant's health is: (Check One) Excellent Good Fair Poor

If FAIR or POOR, please explain the condition _____

List any medical difficulties or conditions in which they are currently being treated _____

Check any of the following that is a known issues or problem as well as any additional information related to the

problem (Check All that Apply) ADD/ADHD Anemia Asthma Bronchitis Diabetes

Dizziness/Fainting Epilepsy/Seizures Heart Trouble Kidney Trouble Migraines/Headaches

Stomach Issues Sinusitis Thyroid Disorder

List any medicines, food or substances to which the participant is allergic _____

List any medicines the participant is currently taking including OTC vitamins, etc. _____

List any specific diet needs _____

Date of last tetanus shot ___/___/___

Family physician's name _____

*Please submit a copy of your
insurance card (front and back) to
the church office.*

MEDICAL RELEASE INFORMATION:

Medical Attention: I the undersigned parent(s)/guardian(s) of the child named below, do hereby authorize Eastwood Baptist Church, church officials, ministry or event staffers, and adult leaders present to obtain necessary medical attention, including first aid in case of sickness or injury to the individual listed below.

- Consent to emergency treatment, including: diagnostic tests, medical, surgical, dental procedure or other treatment that may be necessary by the physician, surgeon, dentist or other health care professional providing care for such minor on my behalf and to employ such health care professionals
- Consent to admit the individual listed below to any hospital, clinic, emergency room, laboratory, or other health care facility for examination, treatment, surgery or care

Release of Liability: I, hereby verify that the information listed on this form is correct. I, hereby release Eastwood Baptist Church and their employees, volunteers, and event staffers from any and all claims, cost, demands, actions or causes of action past, present or future as a result of any damage or injury in connection with said individuals participation in event or trip. I agree to indemnify any employee, staffer, adult leader or representative of Eastwood Baptist Church from any and all claims, demands, damages, injuries, costs, suits or causes of action, past present, or future, arising out of or caused by the said individual while participating in the event or while on property used or owned by Eastwood Baptist Church. This authorization is extended to cover all travel to and from Eastwood Baptist Church East (500 Eastwood Avenue Bowling Green, KY 42103) and Eastwood Baptist Church South (9444 Scottsville Road Alvaton, KY 42202) and all events. It is understood that it is the parent's/guardian's obligation to provide primary accident and medical insurance for the individual listed below and declare that my child is covered by primary accident and medical insurance. In the case that the individual is not covered by medical or accident insurance, I understand that I as a parent/guardian personally assume the responsibility of all accident/medical costs.

Assumption of Risk: I am aware of the risks associated with participation in events, trips, and camps and do hereby voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, that may result from the participation in event activities.

Understanding: I represent and acknowledge that I have completely read and understand this document and all its terms and all matters referred to herein, and I signed voluntarily as my free act and deed, that I have had an ample opportunity to obtain advice of counsel and that, by signing this document I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me. I understand that this "Waiver and Release" shall be construed as a broadly and inclusively as is permitted by applicable law and agree that if any portion of this document is held invalid, the remaining portions shall continue in full force and effect. To the extent that restriction on filing lawsuits is deemed unlawful, I agree to submit any claims to a Christian conciliation/arbitration organization for binding resolution. It is understood and agreed that a copy of this form shall be treated as authentic and binding as the original and that a copy of the same shall be provided to Eastwood Baptist Church.

MEDIA RELEASE INFORMATION:

I understand that my child may be videoed or photographed during Eastwood Baptist Church events, camps, and trips both on-site at our campuses as well as off-site and that these photos/videos may be used in promotional materials at Eastwood Baptist Church as well as on our website, publications, and social media.

I certify that all the information provided above is to the best of my knowledge and belief true, correct and complete. (participants who are minors require a Parent/Legal Guardian signature).

Participant Signature _____ Date _____
(only if 18 years or older)

Parent / Guardian Signature _____ Date _____

State of _____, County, City/Town of _____

This person named heron personally came before me and signed above on this, the _____ day of _____, _____.

Notary Signature: _____ My commission expires _____.