

Louisa Baptist Church
INASMUCH DAY
September 20, 2014
YOUTH Medical and Permission Form

(A Medical and Permission form must be on file in order for youth under 18 years to participate in the INASMUCH Day.)

Youth's Name _____ Date of Birth _____

EMERGENCY CONTACT INFORMATION

Relationship

Name _____ Home Phone (____) _____ Work Phone (____) _____

Name _____ Home Phone (____) _____ Work Phone (____) _____

Name _____ Home Phone (____) _____ Work Phone (____) _____

Additional Contact (Cell) Numbers _____

YOUTH MEDICAL INFORMATION

Allergies _____

Other medical conditions _____

Medical and/or Hospital Insurance Company _____ Phone (____) _____

Policy Holder _____ Policy # _____ Group # _____

PARENT'S APPROVAL AND MEDICAL RELEASE

Recognizing the possibility of physical injury associated with INASMUCH Day activities and in consideration for Louisa Baptist Church and its affiliates accepting the registrant for the projects and activities ("Programs"), I hereby release, discharge and/or otherwise indemnify Louisa Baptist Church, its affiliated organizations and sponsors, their employees, volunteers and associated personnel, for the Programs against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs.

In the case of accident, illness, or emergency, I authorize the designated adult or another adult chaperone to seek medical aid for my son or daughter.

I hereby give my consent to have a doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of such assistance and/or treatment.

(Parent/Guardian's Printed name)

(Parent/Guardian's Signature)

(Date)