

**This form MUST BE NOTARIZED.**

**Liability Release Form Release of All Claims 2016 – Medical Consent Form – Youth Ministry**

In consideration for being accepted by Johns Creek Baptist Church for participation in Student Ministry Activities, we (I), being 18 years of age or older, do for ourselves (myself) (and for and on behalf of my child-participant if said child is not 18 years of age or older) do hereby release, forever discharge and agree to hold harmless Johns Creek Baptist Church, its staff and volunteers thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the above described trip or activity.

Furthermore, we (I) (and on behalf of our (my) child-participant if under the age of 18 years) hereby assume all risk of personal injury, sickness, death, damage and expense 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.

The undersigned further hereby agree to hold harmless and indemnify said church, its directors, employees and agents, 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.

(If the participant has not attained the age of 18 years):

We (I) are the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him (her) to participate fully in said activities, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment including but not in limitation to emergency surgery or medical treatment (see medical paragraph below).

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

Also, I understand that as a participant, we (I) (and on behalf of our (my) child-participant if under the age of 18 years) may be photographed or videotaped during normal student ministry activities and these photo/videos may be used by Johns Creek Baptist Church on the church's website, during services or events, and in promotional materials.

Student's Name \_\_\_\_\_  
Last First Middle Initial

Gender \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

If parent or guardian is not available in an emergency, notify:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relation to Student \_\_\_\_\_

Relation to Student \_\_\_\_\_

Does this student have any of the following allergies:

- |                |     |     |     |    |
|----------------|-----|-----|-----|----|
| Penicillin     | [ ] | Yes | [ ] | No |
| Other drugs    | [ ] | Yes | [ ] | No |
| Insect Stings  | [ ] | Yes | [ ] | No |
| Food allergies | [ ] | Yes | [ ] | No |

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does this student have any medical or health problems, and has this student had any chronic or recurring illness or illnesses, which would have an effect on the student's participation in church activities? [ ] Yes [ ] No

If yes, please describe the problems or illnesses.

State the name, address, medical specialty, and phone number of this student's family physician and of any other physician who should be consulted in the event of emergency or medical problems involving this student:

State the name, address, and phone number of this student's dentist (and orthodontist, if applicable):

Is there medical or hospitalization insurance which provides benefits for this student?  Yes  No

If so, please indicate:

Name of Insurance Company \_\_\_\_\_  
Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
Policy # \_\_\_\_\_ Name of Policy holder \_\_\_\_\_

Indicate the date of this student's last tetanus shot \_\_\_\_\_

Are there any activity restrictions for this student?  Yes  No

If so, describe:

Is this student on any medications?  Yes  No

If so, please state the medication(s) \_\_\_\_\_

\*Your child is responsible for their own medication, however, if they need assistance please make sure a chaperone/sponsor is aware of their needs.

Describe any dietary restrictions that this student is required to observe:

Other comments or suggestions from the parent or guardian concerning this student:

I understand that Johns Creek Baptist Church carries medical and hospital insurance coverage which, consistent with the exclusions, limitations and terms thereof, may provide benefits over and above any personal medical and hospitalization coverages available to my family. I understand that any personal and hospitalization insurance available to my family will provide primary coverage and the ministry's medical and hospitalization coverage (subject to the exclusions, limitations and provisions in the ministry's policy) may provide secondary or excess coverage. I agree to apply first for benefits from the personal medical and hospitalization coverages available to my family before applying for benefits that may be available from the ministry's medical and hospitalization coverage.

I further understand that, in the event my student requires medical or dental treatment while engaged in activities with Johns Creek Baptist Church, reasonable efforts will be made to contact me; however, if I cannot be reached, I hereby consent and give permission to the ministry's sponsor or any adult sponsor acting on behalf of the ministry with respect to church activities as agent for me, to consent to an x-ray examination; injections; anesthesia; medical; dental or surgical diagnosis and treatment; and hospital care and treatment advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either as an outpatient or in any hospital. To the best of my knowledge, I have listed above all my student's medical allergies, medications being taken, medical problems and other pertinent information. My student has permission to participate in all prescribed activities, including transportation in private vehicles or public conveyances, except as noted by me. If there are any changes, I will notify Johns Creek Baptist Church.

Signature \_\_\_\_\_  
(Parent or guardian)

Date \_\_\_\_\_

Witness (notary) \_\_\_\_\_

Date \_\_\_\_\_

My commission expires \_\_\_\_\_