Contact Information / Medical Permission & Release Form

I fully realize that any activity involves a risk of personal injury, property damage, or loss of my person or property. I hereby for myself, my heirs, executors, and administrators, waive and release any claims or rights against Hocutt Baptist Church, all of its officers, directors, and coordinators, all owners of equipment which may be used and those who volunteered their equipment, vehicles, and services for any church activity, for any and all injury, damage, or loss to my person or property incurred during a church sponsored activity.

It is my understanding that Hocutt Baptist Church will attempt to notify me in case of a medical emergency involving my child. If Hocutt Baptist Church staff members, chaperones or any other member cannot reach me, then I authorize Hocutt Baptist church to secure any medical treatment necessary for my child by any licensed physician or dentist, including the admission for such emergency care to any hospital reasonably accessible. The authorization does not include major surgery unless two licensed physicians or dentists concur that immediate surgery is necessary. I give my permission to the doctor or other healthcare professional to provide the medical services he or she may deem necessary. I will accept responsibility for medical expenses so incurred.

Date: _____

Name: _____

Date of Birth: _____   Age:_____

Address: _____

_____

Telephone Numbers: Home: _____   Work:_____ Cell_____

Insurance Carrier: _____

Policy Number: _____

Emergency Contact: _____

Contact's Telephone Number: _____

Secondary Emergency Contact: _____

Secondary Contact's Telephone Number: _____

Any Medical Problems? Yes_____   No_____

If yes, describe: _____

Medications Currently Prescribed? Yes_____   No_____

If yes, describe: _____

_____   _____

Signature   Date

Notary Public

On this _____ day of _____ (month) of _____ (year), personally appeared before me _____, personally known by me, and in my presence executed the within and foregoing permission and release form. Witness my hand and official seal this _____ day of _____ (month) of _____ (year). My commission expires: _____.

_____, Notary Public