Medical Release Form for Minors
Parent\Guardian Consent

Name of Participant _____   Date of Birth _____

Address _____   Phone _____

City _____   State _____   ZIP _____

Name of Parent/Guardian _____

PERMISSION

I, _____ (parent/guardian) hereby give

permission for _____ (hereinafter referred to as

"the student") to travel with _____THE WINSTON COUNTY BAPTIST ASSOCIATION_____

(hereinafter referred to as "the association") to _____ (destination)

during the following dates _____ .

[ ] I do hereby verify that the below information is correct and I do hereby grant permission for the association to obtain medical attention in case of sickness or injury to the student.

[ ] I hereby grant permission for an attending physician or hospital to perform whatever care deemed necessary by the association for the welfare of the student until such time as you are able to reach me personally.

[ ] I also hereby release, absolve, indemnify, hold harmless, and forever discharge the association, the organizers, sponsors, and supervisors from any and all claims, demands, actions or cause of actions, past, present, or future arising out of injury or damage while participating on this trip.

[ ] I assume all risks and hazards incidental to the conduct of the activities and transportation to and from the area. In case of injury to the student, I hereby waive all claims against the organizers, the sponsors, or any supervisors appointed by them. I likewise release from responsibility any person transporting the student to and from the activities.

[ ] I agree to provide medical insurance for my student(s) who are participants on this trip.

Signature of Parent/Guardian _____   Date _____

MEDICAL AND INSURANCE INFORMATION

Family Insurance Company _____   Policy # _____

Family Physician _____   Phone _____

Check if applicable and give appropriate explanations below if needed:

[ ] Allergies   [ ] Asthma   [ ] Bronchitis   [ ] Diabetes

[ ] Dizziness   [ ] Heart Trouble   [ ] Kidney Trouble   [ ] Sinusitis

[ ] Seizures   [ ] Stomach Upset   [ ] Other (Explain below)

_____

_____

Immunizations:
[ ] Tetanus: Date Received _____

Medications: List any prescription drugs the student will be taking while on trip (include frequency and dosage for each).

_____

_____

_____

Comments: _____

_____

_____

EMERGENCY NOTIFICATION

Parent/Guardian _____

Address _____   Phone _____

Relationship _____

NOTARY

Dated this _____ day of _____, 20_____. State of _____.

On this _____ day of _____ ,20_____, (parent/guardian) personally appeared

before me, and in my presence executed the within and foregoing permission and release form.

Witness my hand and official seal this _____ day of _____, 20_____.

My commission expires _____

Signature Notary Public _____

ADDITIONAL EMERGENCY NOTIFICATION CONTACTS

Relative\Friend _____   Phone _____

Address _____

Relative\Friend _____   Phone _____

Address _____

Relative\Friend _____   Phone _____

Address _____