



Eastport Baptist Church
Medical Release & Registration Form
September 1, 2017 – September 1, 2018

Trip Information: Event: All events on and off the church premises

General Information

Name of Participant: _____ Date of Birth: _____ Grade: _____
Address: _____
Church attending: _____ Brought by: _____
Person to contact in case of emergency: _____
Home phone: _____ Cell phone: _____ E-mail: _____
Alternate Contact Person: _____ Phone: _____
I give the following people permission to pick up my child for this club year: _____

NOTE: *We will be sending information such as weather cancellations out via the church Facebook page. Do you have Facebook? Yes / no If yes, please click "like us". We will call those without Facebook. I give permission to let my child's picture be on the church Facebook page. Yes / no*

Medical Information

If your child should require medical attention for injuries received or illnesses contracted prior to activity, please give us the necessary information to give him/her proper medical care during his/her time with the youth ministry activity. If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child is at the activity.

Name of insurance company: _____

Policy #: _____ Group #: _____

In whose name is the insurance? _____

Family Doctor: _____ Phone #: _____

Dentist: _____ Phone #: _____

Health History

Any pre-existing or present medical conditions: _____

Name and dosage of any medications that must be taken: _____

List Allergies: _____

Any major illnesses during this past year? _____

Date of last Tetanus shot: _____ Contact lenses Yes / no

Any activity restrictions? Yes / no If yes, what: _____

Release and Waiver

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in emergency during the activity dates shown on this form, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or order injection, anesthesia, or surgery for my child as deemed necessary.

I understand all reasonable safety precautions will be taken at all times by the Eastport Baptist Church and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Eastport Baptist Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Signature of parent/guardian: _____ Date: _____

Any special or unique needs of this child, please write out on the back of this form. Include family issues, relevant experiences, special learning disabilities, or anything that will help us in working with your child.