



## MEDICAL/LIABILITY RELEASE FORM 2011-12

**Please List All Children:**

*For ALL programs/activities sponsored by West Cannon from: August 1, 2011-September 30, 2012*

Name: _____	Birth Date: _____	Grade: _____	M <input type="checkbox"/> F <input type="checkbox"/>
Name: _____	Birth Date: _____	Grade: _____	M <input type="checkbox"/> F <input type="checkbox"/>
Name: _____	Birth Date: _____	Grade: _____	M <input type="checkbox"/> F <input type="checkbox"/>
Name: _____	Birth Date: _____	Grade: _____	M <input type="checkbox"/> F <input type="checkbox"/>
Name: _____	Birth Date: _____	Grade: _____	M <input type="checkbox"/> F <input type="checkbox"/>

Parents Names: \_\_\_\_\_ Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Family Address, City, & Zip: \_\_\_\_\_

Father Cell: ( \_\_\_\_\_ ) \_\_\_\_\_ Mother Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Father's Work: ( \_\_\_\_\_ ) \_\_\_\_\_ Mother's Work: ( \_\_\_\_\_ ) \_\_\_\_\_

Church: \_\_\_\_\_ School: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

**Insurance Information:**

\*Please attach a copy of the front and back of your insurance card\*

Insurance Company: _____	Policy #: _____
Hospital Preference: _____	Group #: _____
Doctor's Name: _____	Doctor's Phone : _____
List any medical allergies, medication being taken, medical problems, or other pertinent information: _____ _____	

*I understand that if medical intervention is needed for this child during this activity, every attempt will be made to consult the contact persons listed on this form. If, however, those persons cannot be reached, I give my permission to the activity leaders to secure the services of a licensed physician or surgeon to provide medical treatment, including anesthesia, that is deemed necessary for the well-being of this child.*

*I understand all reasonable safety precautions will be taken at all times by West Cannon Baptist Church and its agents during events, trips and activities. I also understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree to release, forever discharge and hold harmless West Cannon Baptist Church, its leaders, employees, and volunteer staff from any and all liability and claims for damages, losses, sickness of injury incurred by this child.*

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_