SOUTHSIDE BAPTIST RELEASE FORM

August 2019-August 2020

Parent/Guardian: _____

Phone: _____ **Cell Phone:** _____

Event Name: _____

Emergency contact outside of family: _____

Phone: _____ **Cell Phone:** _____

I agree to release Southside Baptist Church from all liability claims from any personal injury, physical and mental pain and suffering, mental disorders, property loss or property damage which may occur while on above events.

Authorization

I further authorize the adult counselors to treat and to authorize reasonable and necessary medical care for the above named student. This includes, but is not limited to any emergency, surgical procedure, or hospitalization if the same should become necessary wheresoever my child may be located.

This permission is given for, and in consideration of, Southside Baptist Church sponsoring the event and permitting my child to participate.

I give permission for my child to be photographed and filmed at all SBC events with the understanding that the likeness of my child may appear on social media or other church publications.

Please Complete the Following

1) Child's Name: _____ **Date of Birth:** _____

Grade:____
Please list any foods or medications your child is allergic to:
_____
Please circle any chronic health issues: Asthma Diabetic Motion Sickness ADD/ADHD
Please name any other medical conditions we need to be aware of:
_____

Insurance Information:
Insurance Provider: _____
Group Name: _____ Policy Number: _____

2) Child's Name: _____ Date of Birth: _____

Grade:____
Please list any foods or medications your child is allergic to:
_____
Please circle any chronic health issues: Asthma Diabetic Motion Sickness ADD/ADHD
Please name any other medical conditions we need to be aware of:
_____

Insurance Information:
Insurance Provider: _____
Group Name: _____ Policy Number: _____

3) Child's Name: _____ Date of Birth: _____

Grade:____
Please list any foods or medications your child is allergic to:
_____
Please circle any chronic health issues: Asthma Diabetic Motion Sickness ADD/ADHD
Please name any other medical conditions we need to be aware of:
_____

Insurance Information:
Insurance Provider: _____
Group Name: _____ Policy Number: _____

---PLEASE DO NOT SIGN BELOW UNTIL YOU ARE IN THE PRESENCE OF A NOTARY---

I have read and agree to the statements and policies listed above.

Signed: _____ Date:_____

Notary Signature _____
Commission Expires_____

*****Please attach a copy of the front and back of your child/children's insurance card*****

SOUTHSIDE
BAPTIST CHURCH