

Medical Release

For Events Sponsored by First Baptist Church Belton, SC

Name _____

Address _____

Date of Birth _____ Phone _____

Emergency Contact _____ Phone _____

Insurance Company _____ Policy # _____

Physician _____ Phone _____

Please list any medical conditions, allergies, medications being taken, or other pertinent information:

I understand that, in the event medical treatment is required, I give my permission to the First Baptist Church of Belton staff to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my well-being.

Signature _____ Date _____

Waiver of Liability Statement

I release First Baptist Church Belton, together with the adults in charge, from any and all claims resulting from injury or damage that I may sustain while participating in church sponsored activities on and off campus.

Participant _____

Activity All student and children's activities

Date(s) May 2019 – May 2020

Signature _____ Date _____