

Shiloh Baptist Church of Hartford, AL
Permission Form and Medical Release Form

Name of Student _____ Date of Birth _____

Address _____

I hereby give permission for my child to participate in the Youth/Children's Program at Shiloh Baptist Church of Hartford. I also understand that it is my responsibility to update my child's medical records whenever needed.

Signature of Parent _____

Emergency Contact Person

Parent/Guardian Name _____

Address (if different from student) _____

Phone (home) _____ Phone (cell) _____

Insurance Information

If you have insurance, your carrier will be billed for medical charges
in the case of illness or injury while your child is participating in our activity.

Name of Insurance Company _____ Policy # _____

Group # _____ Family Doctor _____ Phone _____

Health History

Any pre-existing or present medical conditions _____

Name and dosage of any medications that must be taken _____

Allergies _____ Allergy Medication _____

Parent Medical and Liability Release Statement

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

I understand all reasonable safety precautions will be taken at all times by the Youth Children's Team at Shiloh Baptist Church of Hartford and its agents during all events and activities. I understand the possibility of risk. I agree not to hold Shiloh Baptist Church of Hartford, Alabama, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by my youth child.

Parent/Guardian Signature _____ Date _____