



MEDICAL CONSENT FORM & LIABILITY WAIVER- 2022

Student's Name: _____

Current Grade: _____

Date of Birth: _____

Age: _____

Gender: M or F _____

Address: _____

City: _____

State: _____

Zip Code: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Emergency Contact: _____

Phone: _____

Relationship to Emergency Contact Person: _____

Parent/ Guardian's Name: _____

Parent/ Guardian's Cell: _____

I understand that, in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give permission to the staff or leader to secure the services of a licensed physician to provide the medical care necessary for my child's well-being. Including, but not limited to, transportation by ambulance, anesthesia, or emergency surgery.

Parent/ Guardian Signature: _____

Date: _____

Y or N Does your child have any allergies, medications being taken, medical conditions, or other important health related information we should know? ***If YES, please explain on the back of form.***

Y or N May we give your child Tylenol or Benadryl as needed?

Date of last tetanus shot: _____

Health Insurance Information

Name of Insurance Company: _____

Policy Holders Name: _____

Insurance Co. Phone #: _____

Group Name: _____

Group Number: _____

Member ID: _____

I further understand that by signing below I am fully releasing Emmanuel Baptist Church of Xenia, OH and all associated persons from any and all claims and liability, expressly including but not limited to their negligence, for any injuries, death, damages, or other losses the participant may suffer or sustain before, during, or after (or traveling to or from) the events/ activities/ trips contemplated in this document. _____

Initial

The signatures below affirm our understanding of the agreement to abide by the statements herein. I agree with all statement, terms, and conditions of the 1) consent for emergency medical treatment, 2) release of liability, and 3) consent to participate in events/activities/trips associated with the youth ministries of Emmanuel Baptist Church.

Signature of Parent/ Guardian: _____

Date: _____

Expires 12/31/2022