Medical Consent Form & Liability Waiver- 2025

Student's Name: _____

Grade: _____ Date of Birth: _____ Age: _____ Gender: **M** or **F**

Parent/ Guardian's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Phone: _____

Email Address: _____

Emergency Contact: _____ Phone: _____

Relationship to Emergency Contact Person: _____

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 write the details on the back of this 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 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 signature below affirms my understanding of and agreement to abide by the statements herein. I agree with all statements, 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 12/31/2025