

First Baptist Church of Matthews
MEDICAL AND LIABILITY RELEASE FORM

NAME _____ AGE _____

ADDRESS _____

CITY _____ ZIP _____

HOME PHONE _____ CELL PHONE _____

IN EMERGENCY, NOTIFY _____ PHONE _____

DOCTOR _____ PHONE _____ CITY _____

HEALTH HISTORY:

Allergies: _____ Insect Stings _____ Drugs _____ Other Allergies _____

Medical Conditions: ___ Heart ___ Frequent stomach upsets ___ Hay Fever ___ Diabetes

___ Physical Handicap ___ Chronic Asthma ___ Epilepsy

If you checked any of the above, please give details (i.e. include normal treatment of allergic reactions.)

_____ (Event)

_____ (Date)

LIABILITY RELEASE

Every activity sponsored by this church is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parent or guardian agrees to assume and accept all risks and hazards inherent in church-related social activities. They also agree not to hold this church or its employees or volunteer assistants liable for damages, losses, or injuries to the person or property undersigned. The parents or guardians understand that they are signing for the minor listed on this form and the signature is both a medical and liability release.

PARENT'S OR GUARDIAN'S SIGNATURE