

Southlake Baptist Church Emergency Contact, Medical, and Release of Liability

Name

Date of Birth M F
Sex

Parent's/Guardian's Name (if under 18)

Parent's/Guardians Name (if under 18)

Home Phone

Work Phone

Home Phone

Work Phone

Address

Address

City, ST ZIP Code

City, ST ZIP Code

Email Address

Email Address

Alternate Emergency Contacts

Primary Emergency Contact

Secondary Emergency Contact

Home Phone

Work Phone

Home Phone

Work Phone

Medical Information

Physician's Name

Phone Number

Insurance Company

Policy Number

Allergies/Special Health Considerations

RELEASE OF LIABILITY

_____ has my permission to attend all activities sponsored by SOUTHLAKE BAPTIST CHURCH (hereinafter the "Church") for the year 2015. I also give permission for photographs/video to be taken of my child for promotional purposes in print and online. This consent form gives permission to seek whatever medical or dental attention is deemed necessary, and releases the Church, its staff, and volunteers of any liability against personal losses of named child. I, the undersigned have legal custody of the child named above, a minor, and have given consent for him/her to attend events being sponsored by the church. I understand there are inherent risks involved in any ministry or athletic event, and I hereby release the Church, it's pastors, employees, agents, and volunteer workers from any all liability for any injury, loss, damage to person or property that may occur during the course of my child's involvement. In the event that he/she is injured and requires the attention of a doctor, I consent to any reasonable medical or dental treatment as deemed necessary by a licensed physician or dentist. In the event treatment is required from a physician, dentist, and/or hospital personnel designated by the church, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I also acknowledge that I will be ultimately responsible for the cost of any medical or dental care should the cost of that medical or dental care not be reimbursed by the health insurance provider. Further, I affirm that the health insurance information provided above is accurate at this date and will, to the best of my knowledge, still be in force for the child named above. I also agree to bring my child home at my own expense should they become ill or if deemed necessary by the Church staff member.

Parent/Guardian Print Name: _____

Parent/Guardian Signature: _____ Date: _____