

Eastview Baptist Church Medical and Liability Release Form

I, _____ give permission to the Eastview Baptist Church chaperones in the event my child is injured or becomes ill to have him/her examined, treated and if necessary do authorized consent for medical and/or surgical procedures whether treatment is rendered in a physician's office, urgent care center or hospital setting.

I further authorize the medical staff at these facilities to render treatment to my child, discuss and provide copies of any and all medical conditions, treatment and medical records including but not limited to actual records, X-rays or other diagnostic and medical information to the Eastview Baptist Church chaperones. I understand the HIPAA regulations and authorize release of the aforementioned information.

I further understand and state that Eastview Baptist Church, it's official representatives and its membership shall not be held liable for any financial responsibility and have permission to authorize financial responsibility for services rendered and permission to file insurance.

On behalf of my child which is under the age of 18, we undersigned do hereby release and forever discharge and agree to hold harmless Eastview Baptist Church and the directors thereof from any liability, claims or demands for personal injury, sickness, death as well as property damage and expense of any nature whatsoever which may be incurred by the undersigned and the child participant that occur while said child is participating in any activities approved by Eastview Baptist Church.

We also on behalf of our child-participant hereby assume all risk of personal injury, sickness, death and damage/expense as a result of participation in any activities approved by Eastview Baptist Church.

We also on behalf of our child-participant hereby authorize and grant permission to Eastview Baptist Church to furnish necessary transportation, food and lodging.

We also authorize Eastview Baptist Church chaperones to administer over the counter medication as needed. My child is allergic to the following over the counter medication(s):

We, the responsible parties named above, hereby grant permission for our son/daughter to participate in all activities sponsored by Eastview Baptist Church effective **until December 31, 2016**. Further, should it be necessary for the participant to return home due to medical or disciplinary reasons, I/we assume all transportation costs.

Parent/Guardian Signature

Type or Print Name of Participant

D.O.B.

Physician

Home _____ Cell _____
Parental Contact Information

Physician's Contact Information

Personal hospital insurance company

Policy number

***For Notary Only (stamp or seal required)**

I, _____, a notary for _____, _____, do hereby certify that
(Name of Notary) (County) (State)

_____ personally appeared before me this day and acknowledge the due execution of
(Name of Signatory)
the foregoing instrument.

Witness my/our hand and seal, this the _____ day of _____, 20 _____.

X _____ . My commission expires _____, 20 _____.