SouthPoint BAPTIST

2021-2022

Children and Student Medical/Liability/Marketing Release Form

GENERAL & EMERGENCY CONTACT

Child's Name:_____ Child's Birth Date: _____/_____/_____ Grade:_____ Gender (M/F):

Address:_____City:_____State:_____ Zip:_____

Parent/Legal Guardian: _____Relationship:_____

Phone Number: Day Time_____ Evening_____ Other_____

Parent/Legal Guardian Email:_____

Alt 1 Emergency Contact Name: _____ Phone:_____Relationship:_____

Alt 2 Emergency Contact Name: _____ Phone:_____Relationship:_____ ___ _____

INSURANCE

Family Medical Insurance Co.: _____

Policy Number or Group Number:_____

If necessary to verify coverage, call:_____

Child's Primary Physician: _____ Phone: _____

HEALTH

List any health information that would be relevant to an attending physician in the case of an emergency: _____

_____

_____

List any Chronic or Recurring Illnesses or Diseases: _____

_____

List any Food, Medicine, or other Significant Allergies: _____

_____

Check all that apply to your child Fainting Heart trouble Sleepwalking Epilepsy Diabetic Asthmatic

RELEASES

LIABILITY RELEASE: I, the parent signed below, do hereby release, acquit, hold harmless and forever discharge South Point Baptist Church (henceforth referred to as SPBC), its agents, servants, and employees, and all persons, natural or corporate, in privities with them or any of them, from any and all claims or causes of action of any kind whatsoever, including but not limited to actions, suits and/or claims for any bodily injuries, death or property damage which may be sustained by the child listed above while participating in any Children/Student Ministry activity, or activities, (including travel to and from such activities) resulting from the negligence or lack of care due or claimed to be due to the conduct of any agent, servant, or employee of SPBC, for any and all activities.

MEDICAL RELEASE: I, the parent signed below, give and grant unto any licensed medical doctor or hospital my consent and authorization to x-ray or rend such aid, treatment or care to said child as in the judgment of doctor or hospital, may be required, on an emergency basis, in the event said child should be injured or stricken ill while participating in an SPBC sponsored event. It is further understood that any expense incurred will be paid for by insurance or the parent/guardian. I also understand that if the child needs to be sent home for any reason (i.e. illness, injury, or disciplinary), I will be contacted at one of the numbers above, and I will be responsible for any and all expenses incurred.

MARKETING RELEASE: I, the parent signed below, grant SPBC permission to use my child's name, photos, audio recordings, and DVD's made at any SPBC event for the purpose of publicity, promotional materials and website content.

AUTHORIZATION

Should any pertinent information change, I, the parent signed below, understand it is my responsibility to notify the church office as soon as possible.

Parent/Guardian Signature: _____ Date: _____

PRINT Parent/Guardian Name: _____