

Medical Form/ Liability and Permission Release Form
RELEASE OF ALL CLAIMS

We, the undersigned parent(s) or legal guardian(s) for _____, do hereby release, give permission for our child, and forever discharge and agree to hold harmless Little Rock Original Free Will Baptist Church, and the representatives thereof from any and all liability, claims, or demands for personal injury, sickness, or death, as well as property damage and expenses of any nature whatsoever which may be incurred by my child of participation in regular activities, services, and classes from **August 2018—July 2019**.

Furthermore, we agree to assume all responsibility for any of the previously mentioned occurrences. We give authorization for the church to provide all necessary food, transportation, and lodging (if applicable). We give permission for our child to participate in activities such as: After School Program, Summer Adventures Program, Vacation Bible School, Wednesday Night Classes, Youth Lock-Ins, Field Trips, and other Youth Trips. *(Separate permission forms may be requested for overnight trips, but this medical form will only be filled out once a year. Some places such as WinterFest, State Youth Convention, Mission Trip, and Cragmont require their own separate Medical Forms.)*

We understand that all possible care will be used to prevent any accident and assigned adults will be responsible to see that any child who gets sick or injured receives proper attention. I will be notified of any serious illness or accident. We give our permission for our child to participate in the aforementioned activity, and for any representative of the church to obtain necessary medical treatment. We assume responsibility for any medical bills incurred. I have provided this insurance information in the event my child should need treatment by a physician/hospital.

Should our child have to return home before the group for medical or disciplinary reasons, we hereby assume any costs incurred.

We understand that if our child is caught misbehaving in any way, that is not appropriate to the Church's beliefs and values, we the parents or guardian will be called to come pick up the child. **By signing this form, we not only are providing medical consent, but we are acknowledging we have read and understand Little Rock's Disciplinary Policy and Behavior Agreement and will do our part to ensure our child follows the guidelines set therein.**

Child's Full Name: _____

Birthdate: _____ Grade Completed in 2018: _____ School: _____

Mailing Address: _____

Street Address (if different than above): _____

Parent /Guardian's Name: _____ Home #: _____

Cell #: _____ Work #: _____

Additional Emergency Contact Name: _____ Relationship: _____

His/her Contact Numbers: (1) _____ (2) _____

MEDICAL HISTORY/INSTRUCTIONS

Chronic Illnesses & Conditions (circle all that apply):
Asthma Diabetes Seizures
Heart Disease ADD/ADHD Other

Allergies (list): _____ Current Medications: _____

Special Diet: _____ Last Tetanus Shot: _____

Physical Limitations: _____

If your child has a known allergy to something (ex: food product, insect bites, etc.), please explain on a separate sheet of paper what we should do for your child in case he/she has an allergic reaction while in our care.

IS THERE ANY REASON THIS CHILD CANNOT ENGAGE IN REGULAR ACTIVITIES? _____
(If yes, PLEASE EXPLAIN ON ATTACHED SHEET)

Please provide a copy of your child's insurance or Medicaid Card for our emergency purposes.

Insurance Company Name: _____ Policy Number: _____

Policy Holder's Name: _____

IN THE CASE THAT YOU ARE NOT ABLE TO PICK UP YOUR CHILD, WHO HAS PERMISSION TO PICK UP YOUR CHILD FROM LITTLE ROCK OFWB CHURCH?

Do you grant the church permission to transport your child on the church van when and if needed? yes no

IS THERE ANYONE WHO SHOULD NOT PICK UP YOUR CHILD?

ARE THERE ANY CUSTODY ARRANGEMENTS OF WHICH THE LEADERS SHOULD BE AWARE? (IF YES, PLEASE EXPLAIN):

Does Little Rock OFWB Church have permission to use your child's photo on the church website?
(Names will not be included with the photos). Yes No

By signing this form, we not only are providing medical consent, but we are acknowledging we have read and understand Little Rock's Disciplinary Policy and Behavior Agreement and will do our part to ensure our child follows the guidelines set therein.

Parent / Guardian's Signature: _____ Date: _____

Type or PRINT Name: _____

Child's Signature: _____

*** If any of your information changes during the year, please see Marci to fill out a NEW form with the updated information!!**