

**CENTRAL BAPTIST CHURCH STUDENT MEDICAL FORM AND LIABILITY RELEASE  
FOR ACTIVITIES FROM JANUARY- DECEMBER 2023**

Name \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Parent/Guardian's Name(s) \_\_\_\_\_  
In Emergency, notify \_\_\_\_\_ Phone \_\_\_\_\_  
Physician's Name \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Email(s): Parents \_\_\_\_\_ Student(s) \_\_\_\_\_

**HEALTH HISTORY**

\_\_\_\_ Concussion(s), number? \_\_\_\_\_      \_\_\_\_ Asthma      \_\_\_\_ Heart Condition      \_\_\_\_ Anaphylactic Reactions  
\_\_\_\_ Major Surgical Procedure(s)      \_\_\_\_ Diabetes      \_\_\_\_ Frequent Colds      \_\_\_\_ Current Illness  
\_\_\_\_ Allergies      \_\_\_\_ Food      \_\_\_\_ Drug      \_\_\_\_ Epilepsy

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

\_\_\_\_\_  
Name and dosage of medications \_\_\_\_\_  
Swimming Restrictions: \_\_ No \_\_ Yes Explain \_\_\_\_\_  
Activity Restrictions: \_\_ No \_\_ Yes Explain \_\_\_\_\_

Do you have health/medical insurance? \_\_ Yes \_\_ No  
Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Address \_\_\_\_\_ Phone# \_\_\_\_\_

The Church's insurance is only secondary insurance. If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child is on a church-related activity. *Please attach a copy of your Insurance card.*

**CONSENT TO MEDICAL TREATMENT:** In the event a Parent or Guardian cannot be reached in an emergency, I hereby give permission to the physician, dentist or other health care provider selected by the authorized representative of Central Baptist Church to provide medical treatment for my child deemed medically necessary, including but not limited to hospitalization, injections, medication, anesthesia, and surgery.

**RELEASE OF LIABILITY AND INDEMNITY:** I understand that the minor/participant will or may participate in multiple events and activities organized by or participated in by the Central Baptist Church Youth Group or any part thereof, its administration, and volunteers. I understand that the minor/participant will engage in physical activities, will be transported in vehicles to and from the Central Baptist Church, will consume food prepared by the church staff and non-church staff volunteers, will sleep in a volunteer host home, or at the church during lock-ins, will participate in races, local, national, and international missions trips, water related activities during which swimming or the ability to swim will be necessary, water and/or snow skiing, be exposed to sunlight, and physically active games such as four square, baseball, softball, football, ultimate Frisbee, and paint ball and other activities and games not listed here. I hereby represent that the minor/participant is in physical condition to participate in these activities. Additionally, Central Baptist Church may make use of equipment owned by volunteers in some activities. This equipment would include, but not be limited to, boats, jet skis, skis, knee boards, tubes, baseball/softball equipment, rope swings, zip lines, and other sports equipment, and electronic equipment. Additionally, Central Baptist Church activities may include bon fires and other events and activities that are inherently dangerous. As an inducement for Central Baptist Church to allow my minor/participant participate in the these youth group events and activities, I hereby release Central Baptist Church, all of its staff and all of the non-church staff volunteers from any and all liability associated, arising out of, or that could arise out of the minor/participant's participation in Central Youth Group events or activities and covenant and represent that I will withhold my minor/participant from any of the events or activities listed above, or other, that I consider to be too dangerous or beyond the physical abilities of the minor/participant at the time of the event or activity. Central Baptist Church reserves the right to refuse to allow any minor/participant to participate in any event or activity for any reason or for no reason in its sole discretion. Further,

I hereby agree to indemnify and hold harmless and defend Central Baptist Church and each of its employees, officers, representatives and volunteers against any liability, cost, loss, claims and/or actions, including negligence, based upon or sustained in connection with the minor/participant's participation in Central Youth Group events or activities. The undersigned and his/her parents or legal guardian, also undersigned, grant full permission to Central Baptist Church to use any photographs, videotapes, motion pictures, or recordings of or containing minor/participant's likeness, or any other records or documents created by minor/participant during any event or activity and to do so without notice or compensation to the undersigned and/or his/her parents or legal guardian, also undersigned.

**THE UNDERSIGNED UNDERSTANDS THAT THEY ARE SIGNING THIS CENTRAL BAPTIST CHURCH STUDENT MEDICAL FORM AND LIABILITY RELEASE ON BEHALF OF:**

\_\_\_\_\_  
NAME OF MINOR/PARTICIPANT

\_\_\_\_\_  
PARENT OR LEGAL GUARDIAN'S SIGNATURE

DATE: \_\_\_\_\_