

General Permission And Medical Liability Release Form 2019

(Please Print Clearly)



Centerville Baptist Church
908 Centerville Turnpike S.
Chesapeake, VA 23322
(757) 482-4466

Name: Gender: M or F (circle)
Social Security Number: Age:
Home Address:
City: State: Zip:
Home Phone: Date of Birth: / /

Primary Parent/Guardian(s)

Name:
Work Phone:
Cell Phone:
Name:
Work Phone:
Cell Phone:
Home Phone (If Different):
Address (If Different):

Alternate Emergency Contact:
Relationship:
Contact Phone:

Family Physician:
Phone:

Medical Insurance Information

Company:
Subscriber Name:
Type Of Coverage:
Group #:
Policy #:
Phone Number:

Please Describe Any Allergies or Medical Conditions Which May
Recur Or Be A Factor In Medical Treatment:

Medications (Name/Dosage/Purpose):

Regular:
Short term:
Over the counter medications allowed to take:
Does the student wear contact lenses? Type?
Date of last Tetanus Shot

GENERAL PERMISSION: (Please read and sign at the bottom)

I give the participant listed on this form permission to participate in Centerville Baptist Church ministry events and outings. I realize that this is a general form to be placed on file in the church ministry office for church use when deemed necessary. As the parent/guardian of the participant, I certify that the information provided on this form is correct to the best of my knowledge. In order for appropriate diagnosis and prompt treatment in the event of a medical emergency, I give permission for such diagnostic, therapeutic, and operative procedures as may be deemed medically necessary for treatment of the herein named participant.

I assume financial responsibility for medical expenses incurred in the transport and treatment of the participant. I also assume financial responsibility for expenses incurred in returning the participant home for for any of the following reasons: substance abuse, endangering the life of another person, sexual, misconduct, illegal activity or other continual disruptive behavior. I understand that each individual is responsible for his/her own insurance coverage during any trip. I hereby release and forever discharge Centerville Baptist Church, its staff, all sponsors, state conventions, employees, and any designated individual in charge of any trip from any legal responsibility, financial responsibility, claims, demands, actions or cause of action, past, present, or future, arising from my personal or my child's participation in any church activity.

Please indicate your consent to the following waivers: (circle)

PERSONAL PROPERTY WAIVER Agree/Disagree Initial
I understand that it is my responsibility to safeguard any personal property I bring. I further understand that Centerville Baptist Church will not under any circumstances be responsible for any property lost, misplaced or stolen.

PHOTO/VIDEO NOTICE Agree/Disagree Initial
I understand that as a participant, my child may be photographed or videotaped during normal activities and that these photographs or videos may be used in other event or church materials and/or posted on the church website.

Signature of Parent or Guardian: Date:

Printed Name of Parent or Guardian signed above:

Signature of Student: Date: