

**Camp Ground Baptist Church Youth Ministries**  
**Sept 1, 2015-August 31, 2016 Medical Release Form**  
**To be completed by Parent or Guardian**

(This form will be held confidential)

I release Camp Ground Baptist Church Youth Ministries/ Camp Ground Baptist Church and the Dale Baptist Association and its staff and representatives from responsibility and liability for any injury or illness that my child,

\_\_\_\_\_ may sustain during any and all Camp Ground Baptist Church Youth Ministries/Camp Ground Baptist Church activities he/she may attend and or participate in. In the event of an emergency, I do hereby give permission to the medical personnel selected by Camp Ground Baptist Church Youth Ministries/Camp Ground Baptist Church staff to order X-rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide and/or arrange necessary related transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the Camp Ground Baptist Church Youth Ministries/Camp Ground Baptist Church staff to secure and administer treatment, including hospitalization for my child.

I understand that a copy of this form is as valid as the original. I further understand that this consent will remove the hosting church from any liability claims as a result of said emergency.

Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

Street City State Zip code \_\_\_\_\_

Social Security Number (child) \_\_\_\_\_ (policy holder) \_\_\_\_\_

Date of Birth Including month, day and year (child) \_\_\_\_\_ (policy holder) \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Telephone Number \_\_\_\_\_ Any special health conditions? \_\_\_yes \_\_\_No

If "yes" please describe:

\_\_\_\_\_

Any allergies? \_\_\_\_\_

Allergic to any medications? \_\_\_\_\_

Regular Physicians Name: \_\_\_\_\_ Phone# \_\_\_\_\_

Name of Father: \_\_\_\_\_ Name of Mother: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Parent or Guardian) **(Please do not sign until in the presence of the notary)**

\_\_\_\_\_  
(Notary Public)

**\*Parent or Guardian signature must be notarized**

OPTIONAL INFORMATION: Please tell us anything that would benefit us in knowing about your child's special needs, i.e. hearing or vision problems, allergies, behavior disorders, physical, emotional or psychological needs, learning disabilities, attention deficit disorder or situations at home of which we should be aware.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*This form must be filled out ANNUALLY in order to participate in  
Camp Ground Baptist Church Youth Ministries/Camp Ground Baptist Church activities.*