



## Medical Release and Information Acknowledgement

THIS FORM IS EFFECTIVE FOR ONE YEAR AFTER THE DATE SIGNED

Name: \_\_\_\_\_ Grade level: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Parent Cell/contact phone: \_\_\_\_\_

Person to contact in Emergency if unable to reach parent:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### HEALTH INFORMATION:

My child is allergic to the following foods, medications, insects, or other:

\_\_\_\_\_

I hereby give the staff of Southwinds Baptist Church permission to see that my child, \_\_\_\_\_, receives any medical attention he/she may need while participating in Elevate activities. I also release Southwinds Baptist Church and its staff of any liability not caused by their negligence during the above activity and/or trip. This includes the following:

- \*The power to seek appropriate medical treatment or attention on behalf of the minor as may be required by the circumstances, including but not limited to, medical doctor and or hospital visits
- \*The power to authorize medical treatment or medical procedures in an emergency situation

In case of emergency, I understand that every effort will be made to contact parents or guardians of minor registrants. However, if parents or guardians cannot be reached, I hereby give Southwinds Baptist Church permission to act on my behalf in seeking and administering medical attention.

**PHOTO RELEASE:** I do \_\_\_\_\_ or do not \_\_\_\_\_ give permission for Southwinds Baptist Church to publish in print, electronic, website or video format the likeness or image of my child. I release all claims against Southwinds Baptist Church with respect to copyright ownership and publication including any claim for compensation to use of the materials.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date