

First Baptist Church, Spring Lake, MI
118 E. Exchange St.
Spring Lake, MI 49456
616-842-1974

Medical Release Form

Childs name Home phone number

Address Alternative phone number

City State Zip code Birth date

Parents/Guardian Information

Father/Guardian _____
Telephone (home) _____
Employer _____
Mother/Guardian _____
Telephone (home) _____
Employer _____

Does this child have any disabilities, handicaps, present injuries or limitations, allergies, hemophilia, heart condition, history of respiratory illness or any other medical condition? _____ Yes _____ No If yes, please give details on the back of this form

If you wish your family doctor to be contacted in case of emergency.

Doctor's name: _____ Telephone: _____

Emergency Authorization

I, _____, parent/legal guardian of _____, hereby authorize the staff of First Baptist Church (Spring Lake, Michigan) and any of its volunteers acting in the capacity of activity supervisors/vehicle drivers, as my Agents, to consent to medical, surgical, or dental examination and/or treatment. In case of emergency, I hereby authorize treatment and/or care at any hospital. If there is an emergency and I cannot be reached, please contact the person named below who is hereby authorized to act on my behalf.

Full Name: _____ Telephone: _____

Address of Emergency contact person: _____

Waiver of Liability and Disclaimer

I, the parent/guardian of the above child, acknowledge that participation in various events with other children necessarily involves risk of physical injury. I assume all risks and hazards incidental to the conduct of the activities/events of the ministries of First Baptist Church and transportation to and from all activities/events. I release, discharge, and hold harmless, First Baptist Church (Spring Lake, MI), its staff, volunteers and any other supervisors from any claims arising out of, or relating to, any physical injury that may result to my son/daughter while participating in First Baptist Church sponsored activities/events, including transporting my son/daughter to or from such activities.

This form is valid from year _____ to year _____.

Legal guardian's signature date