

South Campbellsville Baptist Church
Medical Release and Permission Form

Participant Name _____ Date of birth _____

Address: _____ Home Phone: (_____) _____

SS# _____ Date of most recent tetanus shot _____

List any medical conditions for which you are currently being treated: _____

List any medications you are currently taking: _____

List any medicines or substances to which you are allergic _____

PLEASE ATTACH A COPY OF BOTH SIDES OF YOUR INSURANCE CARD TO THIS FORM

Family Physician _____ Phone (_____) _____

Physician's address _____

I, _____, the undersigned, plan to attend (or give permission for my child under 18 years of age to attend) 2016 Fall Retreat, Camp Loucon, Lietchfield, KY on 10/21/16 – 10/23/16 with South Campbellsville Baptist Church, hereinafter SCBC, and be chaperoned by the SCBC Youth Leader and/or other adult(s) deemed capable and responsible enough to supervise my child.

- I, the undersigned, do for myself (or for and on behalf of my child under 18 years of age) give my permission for an attending physician or hospital to administer medical care if deemed necessary by the South Campbellsville Baptist Church Youth Leader and/or Adult Chaperone(s) and the physician or hospital staff during the event and dates listed above.
- I, the undersigned, do for myself, my heirs, executors, administrators, successors, and assignees (or for and on behalf of my child under 18 years of age and his/her heirs, executors, administration, successors, and assignees) understand that there is no secondary medical coverage provided by SCBC. I, therefore, do hereby release from all claims and forever hold harmless the directors, officers, agents, employees, pastors, staff, deacons, and members of SCBC, from any and all claims and demands for personal injury, sickness, and death, as well as property damage and expenses, of any nature, incurred by myself (or my child under 18 years of age.)
- I also assume personal responsibility for all medical bills (for myself or my child under 18 years of age). Furthermore, should it be necessary for my child to return home early due to disciplinary action, for medical reason, or otherwise, I hereby assume responsibility for all transportation costs.

(THIS FORM IS NOT VALID UNLESS SIGNATURE IS NOTARIZED)

Emergency Contact _____ Phone (_____) _____

(if different from parent, please specify relationship to participant)

Participant's Signature (if age 18 or older) or Parent/Guardian _____ Date _____

FOR NOTARY USE ONLY

State of Kentucky, County of Taylor

Acknowledged before me this _____ day of _____, 20____ Notary ID _____

Notary Signature _____ My Commission Expires ____ / ____ / ____