

**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 participant is currently being treated: \_\_\_\_\_  
\_\_\_\_\_

List any medications participant is currently taking: \_\_\_\_\_  
\_\_\_\_\_

List any medicines or substances which participant is allergic to: \_\_\_\_\_  
\_\_\_\_\_

List any foods participant is allergic to: \_\_\_\_\_  
\_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Physician's address: \_\_\_\_\_

I, \_\_\_\_\_, the undersigned, plan to attend (or give permission for my child under 18 years of age to participate in) **ANY AND ALL STUDENT MINISTRY EVENTS**, to be held **8/21/2024 – 9/1/2025** with South Campbellsville Baptist Church, hereinafter SCBC, and be chaperoned by the SCBC Student Pastor 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 Student Pastor 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 ( \_\_\_\_\_ ) \_\_\_\_\_  
(Please specify relationship to participant)

Parent/Guardian Signature (or Participant's Signature if age 18 or older) \_\_\_\_\_ 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 \_\_\_\_ / \_\_\_\_ / \_\_\_\_