

MEDICAL WAIVER/RELEASE FORM

NOTICE: This form must be completed and brought to the event for anyone under the age of 18 in order for that youth to be able to participate in a Georgia Baptist Convention/Youth Ministries Office sponsored activity or event. This form must be signed by a parent or guardian and notarized in the spaces provided.

Notice: Youth Ministries regularly photographs and videotapes during our events. If you do not want your image to be used by the Youth Ministries Office in video presentations, publications, promotions, on our web site or in any other manner, please contact our office and every effort will be made to assure that your image will not be used.

Participant's Information

Last First Middle Prefer to be called

Age Date of Birth Church

Street Address City State Zip

****IN CASE OF AN EMERGENCY, NOTIFY ONE OF THE FOLLOWING IN THE ORDER LISTED****

1. _____
Name Relationship Work Phone Home Phone Cell Phone/Pager

2. _____
Name Relationship Work Phone Home Phone Cell Phone/Pager

3. _____
Name Relationship Work Phone Home Phone Cell Phone/Pager

Parent/Guardian Information

1. _____
Last First Middle Relationship

Street Address City State Zip

Church Work Phone Home Phone Cell Phone/Pager

2. _____
Last First Middle Relationship

Street Address City State Zip

Church Work Phone Home Phone Cell Phone/Pager

Medical Power of Attorney and Release

I, _____, hereby acknowledge under oath that I am the parent or guardian of _____ (“my child”), and, unless I otherwise state in writing, I hereby give permission for my child to participate in events and activities conducted, sponsored, and/or organized by the Youth Ministries Office of the Georgia Baptist Convention. As an integral part of such permission, I recognize that the Georgia Baptist Convention is a nonprofit organization whose purpose is to share the Gospel of Jesus Christ and is not in the business of providing entertainment events and activities for youth.

Therefore, I hereby agree to hold the Georgia Baptist Convention, including the Youth Ministries office, its employees, representatives and agents, harmless from and against any and all claims, demands, liabilities, actions, causes of action, damages and/or expenses, of any nature and kind and without limitation, arising from personal injuries to my child or property damage, either resulting directly or indirectly from my child’s participation in the Youth Ministries’ youth programs. I hereby acknowledge that I assume the risk of any and all personal injury or property damage that may occur to my child, that I will hold the Georgia Baptist Convention/Youth Ministries Office completely and totally harmless concerning any such injury or damage, that I hereby waive any cause of action or right to cause of action that I might have against the Georgia Baptist Convention/Youth Ministries Office or that might thereafter accrue as a result of such injury or damage, and that I have an opportunity to review this waiver and ask any question concerning its meaning or intent.

In the event my child is injured or becomes ill during a Georgia Baptist Convention/Youth Ministries Office event or activity, I hereby grant permission for (1) the Event Administrator, (2) any employee or representative, or (3) the person(s) in charge of First Aid to obtain and/or provide for my child necessary medical attention and treatment, including but not limited to emergency medical care provided by a hospital, medical clinic, or other emergency health care provider.

I verify that I have read this entire document, have had reasonable opportunity to ask questions concerning its application, understand its contents, and acknowledge that the various information provided throughout this document is accurate and complete. I further acknowledge and verify that I have full legal authority to execute this document and that there are no requirements, conditions, or obligations, legal or otherwise, which would require the consent or assent of any other person or entity. Signed this the ____ day of _____, 20____.

Signature of Parent or Guardian

Notary Public

I, the undersigned officer duly qualified and authorized to administer oaths, do hereby state and affirm that _____ personally known by me, appeared before me and in my presence executed the above and foregoing Medical Waiver together with its Medical Power of Attorney and Release. Witness my hand and seal this ____ day of _____, 20____.

Notary

NOTARY SEAL

My commission expires _____

Participant's Medical Profile and History

Please check this box if additional information is attached to this form.

Generally, my child's health is: (check One) _____ Excellent _____ Good _____ Fair _____ Poor

If Fair or Poor, please explain why: _____

Check the following conditions or diseases your child has had or currently has:

- | | | | |
|---------------------------|-------------------------|--------------------------|-------------------------|
| _____ ADD/ADHD | _____ Anemia | _____ Anxiety Attacks | _____ Appendicitis |
| _____ Asthma | _____ Bronchitis | _____ Chickenpox | _____ Chronic Headaches |
| _____ Diabetes | _____ Diagnosed Phobias | _____ Dizziness/Fainting | _____ Epilepsy |
| _____ Gi/Stomach Disorder | _____ Hay Fever | _____ Heart Disorder | _____ Hyperglycemia |
| _____ Hypoglycemia | _____ Hypertension | _____ Hypotension | _____ Influenza |
| _____ Kidney Disorder | _____ Measles | _____ Meningitis | _____ Migraines |
| _____ Mumps | _____ Pneumonia | _____ Pleurisy | _____ Polio |
| _____ Sinusitis | _____ Tetanus | _____ Thyroid Disorder | _____ Tuberculosis |

Are there any other conditions or diseases that your child currently has or for which your child is receiving treatment? These may include psychological conditions as well as physical conditions. If so, please specify the condition and the treatment, if any, your child is receiving.

Please list all allergies that your child may have. These may include allergies to certain food, medication, insect bites or stings, pollen, plants, or animals.

Please describe any other special medical needs or conditions that your child may have. These may include significant hearing, sight or speech impairments, various physical disabilities, restricted diets, etc.

Please list any major operations your child has had and give the approximate date of the surgery.

Please list any prescribed medication(s) your child is currently taking.

INSURANCE CARD INFORMATION MUST BE COMPLETE!!!!

Participant's Name: _____
Participant's ID#: _____
Name of Insurance Company: _____
Group Name: _____ Group #: _____
Employee Name: _____
Claims Submission: Address: _____ City, State, Zip _____
Phone # for eligibility/inquiries: _____