

# Southmont Baptist Church 2020-2021

## Enrollment and Medical Permission and Release Form for Minors

### Minor's Info:

Name: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Sex (circle): Male / Female

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

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

Email: \_\_\_\_\_

Father: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Mother: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Guardian: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

### In case of an Emergency, and Parent or Guardian cannot be reached, please contact:

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

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Children will only be released to persons designated by the parent. List individuals (other than those listed above) that may pick up your child:

Full Name: \_\_\_\_\_ Driver's License # & State: \_\_\_\_\_


Full Name: \_\_\_\_\_ Driver's License # & State: \_\_\_\_\_

Full Name: \_\_\_\_\_ Driver's License # & State: \_\_\_\_\_

### Medical Info

\*Insurance Company: \_\_\_\_\_



Policy Number: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_

 We currently do not have insurance.

Family Physician: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Current Medication(s): \_\_\_\_\_

I (we) hereby  DO consent /  DO NOT consent to the use of blood and/or blood products under the care of a licensed physician in the case of an emergency.

### Allergies/Medical Issues

Foods: \_\_\_\_\_

Medications: \_\_\_\_\_

Insects/Bites: \_\_\_\_\_

Special Diet: \_\_\_\_\_

Previous Serious Illness: \_\_\_\_\_ Date: \_\_\_\_\_

Other Important Medical Information or Chronic Conditions: \_\_\_\_\_

**\* Please attach a front and back copy of your insurance card to be turned in with this form.**

**Southmont Baptist Church Ministries and Volunteers Are Designated By The Abbreviation "SMBC" Throughout This Entire Form**

I (we) hereby authorize SMBC to take my (our) child to the before named physician or facility for medical treatment in the event of an emergency in which neither parent can be reached.

I (we) hereby give permission for my (our) child to attend and participate in activities sponsored by SMBC Ministries. I (we) hereby authorize SMBC to include (our) child in supervised water activities.

I (we) hereby authorize SMBC and its acting leaders to teach and lead my (our) child in religious lessons and services, which may include prayer and Bible teaching.

I (we) do hereby authorize any licensed physician or medical treatment center to treat my (our) child in the case of emergency in which the before named physician cannot respond.

The undersigned adult shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for my (our) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs where applicable only.

I (we) hereby release, forever discharge and agree to hold harmless SMBC and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damages and expenses, of any nature whatsoever which may be incurred by the undersigned adult and the child-participant that occur while said child is participating in any trip or activity with SMBC.

Furthermore, I (we), on behalf of my (our) child/participant if under the age of 18 years, hereby assume all risk of personal injury, sickness, death, damage and expenses as a result of participation in recreation and work activities involved therein. Further authorization and permission is hereby given to said church to furnish any necessary transportation, food, and lodging for this participant where applicable only.

The undersigned further hereby agrees to hold harmless and indemnify said church, its directors, employees, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

The medical consent and liability waiver provisions hereof shall remain in full force and in effect until written notice of revocation or withdrawal is received by SMBC at its office. It is the responsibility of the parent or guardian to notify the church of any changes in medical condition, guardianship, address or phone change in writing to the address listed at the beginning of this form.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Photo and Video Permission**

I also allow photos or videos taken of my child at any event affiliated with SMBC, that this image of my child could possibly be used in publications, promotional materials and/or posted on the website of SMBC([www.southmont.org](http://www.southmont.org)) for the sole purpose of information about events at Southmont Baptist Church.

Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_