

MEDICAL RELEASE FORM

Williams Boulevard Baptist Church
3000 Williams Boulevard - Kenner, LA 70065
(504) 443-2363

I hereby give my permission for my son/daughter, _____, to take part in all trips, outing, and camps sponsored by Williams Boulevard Baptist Church. I further give my permission for the church representatives or chaperones of the activity to secure needed medical treatment for my child in the event that I cannot be reached for such permission. I release the church representatives or chaperones from liability for accident or injuries on or during the activity.

I further understand and agree that in the event that the above named son/daughter be involved in dangerous activities or displays conduct contrary to Christian ethical or moral standards, I will pay his or her expenses to be sent home immediately at the discretion of the church representatives or chaperones.

Home Address: _____ City _____
State: _____ Zip Code: _____ Date of Birth: _____

In case of emergency, please contact:

Parent or Guardian: _____ Phone: _____

Physician: _____ Phone: _____

Friend or Relative: _____ Phone: _____

List known food/drug allergies: _____

Medication take regularly: _____

Swimming: My child is a (1) non-swimmer __ (2) fair swimmer __ (3) good swimmer __

Family Medical Insurance Co.: _____

Policy Number or Group Number: _____

I hereby agree to and understand all information listed on this form. Unless modified or terminated in writing this release shall be effective for two (2) years form the date signed.

Signature of Parent/Guardian: _____

Signed before me this _____ day of _____, 20 _____

Notary: _____ My Commission expires _____