

MEDICAL AND LIABILITY RELEASE FORM 2007-2008
Mount Zion Baptist Church

Name _____ Birthdate _____

Address _____

City _____ Zip _____ Phone _____

School _____ Grade _____

Parents' Names _____ Numbers where parents can be reached in case of emergency _____

If not available in emergency, please notify _____

Phone Number _____

Name of Student's Physician _____ Phone number _____

Address _____ City _____ Zip _____

Name of Student's Dentist _____ Phone number _____

Address _____ City _____ Zip _____

HEALTH HISTORY: allergies and other conditions

- | | | |
|--|---|--|
| <input type="checkbox"/> Insect Allergies | <input type="checkbox"/> Drug Allergies | <input type="checkbox"/> Other Allergies |
| <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Heart | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Physical Handicap | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Hay Fever |
| <input type="checkbox"/> Frequent stomach upsets | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Other |
| <input type="checkbox"/> Penicillin | | |

If you checked any of the above, please give details (i.e., include normal treatment of allergic reactions):

Date of last tetanus shot: _____

Name and dosage of any medications that must be taken:

Swimming Restrictions: _____ No _____ Yes

Explain: _____

Activity Restrictions: _____ No _____ Yes

Explain: _____

If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child is on a church-related activity.

Do you have health/medical insurance? _____ Yes _____ No

If "yes," Name of Company: _____

Policy # _____

Address: _____

Phone: _____

If "no," you will be billed for medical charges in the case of illness or injury while your child is on a church-related activity.

Consent to Medical Treatment: In the event a Parent of Guardian cannot be reached in an emergency, I hereby give permission to the physician, dentist, or other health care provider selected by the authorized representative of Mount Zion Baptist Church, Huntsville, AL, to provide medical treatment for my child deemed medically necessary, including but not limited to hospitalization, injections, medication, anesthesia, and surgery.

RELEASE OF LIABILITY AND INDEMNITY: I AGREE TO ACCEPT AND TO ASSUME FULL RESPONSIBILITY FOR ALL RISKS AND HAZARDS INHERENT IN AND ASSOCIATED WITH PARTICIPATION IN CHURCH RELATED ACTIVITIES BY MY SON OR DAUGHTER. I HEREBY AGREE TO INDEMNIFY, HOLD HARMLESS AND DEFEND THE CHURCH AND EACH OF ITS EMPLOYEES, OFFICERS, REPRESENTATIVES AND VOLUNTEERS AGAINST ANY LIABILITY, COST, LOSS, CLAIMS AND ACTIONS, INCLUDING NEGLIGENCE, BASED UPON OR SUSTAINED IN CONNECTION WITH PARTICIPATION IN CHURCH RELATED ACTIVITIES. THE UNDERSIGNED UNDERSTAND THAT THEY ARE SIGNING THIS MEDICAL CONSENT, RELEASE OF LIABILITY AND INDEMNITY AGREEMENT IN BEHALF OF

NAME OF MINOR

PARENT OR LEGAL GUARDIAN'S SIGNATURE

(seal)

STATE OF ALABAMA

COUNTY OF _____

Before me, a notary public, on this day appeared _____ known to me to be the person whose name is subscribed to the foregoing document and being by me duly sworn, declared that the statements therein contained are true and correct.

Given under my hand and seal of office this _____ day of _____, 20____.

Notary Public Signature _____

My commission expires _____

Notary Public typed or printed signature _____

Return form to Mount Zion Baptist Church C/O Rob Hatfield, 228 Mt. Zion Road, Huntsville, AL 35806

THIS FORM SHALL EXPIRE SEPTEMBER 1, 2008