

**Simpsonville Baptist Church - Student Ministries and Volunteers  
Are Designated By the Abbreviation "SBC" Throughout This Entire Form.**

I (we) hereby authorize SBC 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 SBC and SBC Student Ministries.

I (we) hereby authorize SBC to transport my (our) child to or from church and or any other church related and sponsored activities and events.

I (we) hereby give permission for my (our) child to be photographed and videotaped in normal ministry settings as part of SBC activities.

I (we) hereby authorize SBC to include my (our) child in supervised water activities.

I (we) hereby authorize SBC 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) hereby authorize any adult, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis treatment, and hospital care to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the medical practice act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at the said hospital.

I (we) hereby do authorize any leader of SBC to dispense to my child any necessary over-the-counter medications (according to proper dosage instructions) when deemed necessary

I (we) hereby authorize any licensed physician or medical treatment center to treat my (our) child in case of an 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.

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

Furthermore, I (we) [and 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.

The undersigned further hereby agrees to hold harmless and indemnify said church, its directors, employees, volunteers and agents 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.

**I (we) hereby DO consent \_\_\_\_\_ or 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.**

The medical consent and liability waiver provisions hereof shall remain in full force throughout the current year and in effect until written notice of revocation or withdrawal is received by SBC at its office at 7208 Shelbyville Rd., Simpsonville, KY, 40067.

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 **OR** Participant (age 18 or older)

\_\_\_\_\_  
Name of participant

\_\_\_\_\_  
Relationship to participant

\_\_\_\_\_  
Date

\*\*\*\*\*

**Notary Public Information**

State of \_\_\_\_\_

County of \_\_\_\_\_

Sworn and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

Notary Expiration: \_\_\_\_\_

**Simpsonville Baptist Church - Student Ministries**

7208 Shelbyville Rd.

P.O. Box 56

Simpsonville, KY 40067

Medical Permission & Release Form

Student Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Sex (circle): Male /Female  
School Attending \_\_\_\_\_ City \_\_\_\_\_  
Father \_\_\_\_\_ Work Phone \_\_\_\_\_  
Mother \_\_\_\_\_ Work Phone \_\_\_\_\_  
Guardian \_\_\_\_\_ Main Phone \_\_\_\_\_

In Case of Emergency and Parent or Guardian cannot be reached, please contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
Family Physician \_\_\_\_\_ Office Phone \_\_\_\_\_  
Family Dentist \_\_\_\_\_ Office Phone \_\_\_\_\_  
Hospital Insurance [ ] Yes---[ ] No Policy Number \_\_\_\_\_  
Primary Insured \_\_\_\_\_ SS# \_\_\_\_\_  
Name of Insurance Company \_\_\_\_\_  
Insurance Company Phone Numbers \_\_\_\_\_  
List date of last immunization: DPT \_\_\_\_\_ MMR \_\_\_\_\_ Tetanus Only \_\_\_\_\_ Polio \_\_\_\_\_  
Check if student has had: Chicken Pox \_\_\_\_\_ Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Whooping Cough \_\_\_\_\_  
Other \_\_\_\_\_

Allergies: Foods \_\_\_\_\_  
Medications \_\_\_\_\_  
Insects/Bites \_\_\_\_\_  
Previous Serious Illness \_\_\_\_\_ Date \_\_\_\_\_  
Current Medication(s) \_\_\_\_\_  
Special Diet \_\_\_\_\_  
Other Important Medical Information \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_