

**OFBC Medical and Liability Release Form**  
Valid From January 1, 2010 through December 31, 2010  
First Baptist Church 230 J. R. Miller Blvd. Owensboro, KY 42303  
Phone 270-683-3505 Fax 270-683-8067

NAME \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDAY \_\_\_/\_\_\_/\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

IN EMERGENCY, NOTIFY \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

FAMILY DOCTOR \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

**HEALTH HISTORY-**

Allergies: \_\_\_\_\_ Insect stings \_\_\_\_\_ Drugs \_\_\_\_\_ other allergies \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Other Conditions: \_\_\_\_\_ Heart Condition \_\_\_\_\_ Frequent Colds \_\_\_\_\_ Diabetes

\_\_\_\_\_ Chronic Asthma \_\_\_\_\_ Frequent Stomach Upset \_\_\_\_\_ Hay Fever

\_\_\_\_\_ Epilepsy \_\_\_\_\_ Physical Handicap

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

\_\_\_\_\_

Name and dosage of any medications that must be taken: \_\_\_\_\_

Any swimming restrictions: \_\_\_yes \_\_\_no Any activity restrictions: \_\_\_yes \_\_\_no

Explain any restrictions: \_\_\_\_\_

Our churches insurance is only secondary insurance. If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your son or daughter is on a church related activity.

Do you have health insurance? \_\_\_yes \_\_\_no If yes, Ins Co. Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

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

“In the event that I cannot be reached in an emergency during the dates specified on this form. I hereby give my permission to the physician or dentist selected by the church leadership to hospitalize, to secure proper treatment, and /or order an injection, anesthesia, or surgery for my son or daughter as deemed necessary.”

**LIABILITY RELEASE**

Every activity sponsored by this church is carefully planned and adequately supervised by mature adults. However, even with the best planning and precaution, unforeseen events can occur. By signing this form, the parent or guardian agrees to assume and accept all risks and hazards inherent in church-related social activities. They also agree not to hold this church its employees, volunteer assistants, or individual members liable for damages, or injuries to the person or property undersigned. The parent or guardian understand that they are signing for the minor listed on this form and the signature is for both a medical and liability release.

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

**Notary Information**

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Notary signature \_\_\_\_\_ My Commission Expires: \_\_\_/\_\_\_/\_\_\_.