



1144 Hagood Avenue Barnwell, South Carolina 29812 803-259-3261

Permission / Medical Release Form/2013

Student Name: _____

Address: _____

City / State / Zip Code: _____

Birthdate: _____ Sex: _____ Social Security # _____

Parent's Name(s) _____

Home Phone: _____ Work: _____ Cell: _____

Emergency Phone Number other than Parent / Guardian

Name: _____ Phone: _____

Family Physician _____ Phone: _____

Primary Medical Insurance Company: _____

Policy Number: _____

Immunization: Tetanus _____ Polio Booster _____ Measles _____ Mumps _____

Other _____

Allergies: Food _____ Drugs: _____

Insect Stings or Bites _____

Previous Serious Illnesses: _____

Current Medication: _____

Special Diet: _____

Childhood Diseases: Chicken Pox _____ Measles _____ Mumps _____

Whooping Cough _____ Other _____

(PLEASE TURN OVER AND COMPLETE THE OTHER SIDE)

I hereby authorize Hagood Ave. Baptist Church to take my child to the above named physician or facility for medical treatment in the event of an emergency in which neither parent can be reached.

Signature: _____ Date: _____

I hereby authorize any licensed physician or medical treatment center to treat my child in case of an emergency in which the above physician cannot respond.

Signature: _____ Date: _____

I hereby authorize Hagood Ave. Baptist Church to transport my child to and from church, on field trips, or on other church sponsored activities.

Signature: _____ Date: _____

**PLEASE ATTACH A COPY OF INSURANCE CARD
(COPIER AVAILABLE IN CHURCH OFFICE)**

The undersigned participant and, if participant is a minor, the legal custodian thereof, hereby consent of the participation of participant in the above-referenced activity conducted under the sponsorship of Hagood Ave. Baptist, Barnwell County, South Carolina, an incorporated organization; its agent, servant, and member. In making such consent, participant and custodian acknowledge that they understand that there are risks to both person and property associated with engaged in such activity, and they hereby consent to assume such risk.

In consideration of granted permission by Hagood Ave. Baptist Church, its agents, servants, and members for the participation in such a activity by participant and custodian hereby, release and exonerate Hagood Ave. Baptist, its agents, servants, and members from any and all liability of every nature and kind pertaining to such activity or the participation therein by participant. Participant and custodian expressly covenant not to sue and do hereby waive and relinquish whatever right virtue of the sponsorship and supervision of such activity and the participation therein by participant.

Participant and custodian hereby authorize and consent to any x-ray examination, anesthesia, medical or surgical diagnosis or treatment, and hospital care to be rendered to participant under the general or special supervision, and on the advise of a licensed physician, surgeon, anesthesiologist, dentist, or other qualified medical personnel actin under their supervision.

The consent, waiver, and release provisions hereof shall remain in full force and effect until written notice of revocation or withdrawal is received by Hagood Ave. Baptist at its office at 1144 Hagood Ave., Barnwell County, South Carolina.

Participant: _____ Date: _____

Parent/Guardian: _____
