

Scott Lake Baptist Church
5811 Scott Lake Road, Lakeland, FL 33813 (863) 644-6444

Medical Release Form

Youth's Name _____ Age _____ Birthdate: ___/___/___

Parent/Guardian Name(s) _____

Address _____ Parent Phone: _____

City _____ State _____ Zip _____

Emergency Contacts: (List 2 people who could assume temporary care of your teen if we are unable to contact you.)

Name: _____ Name: _____

Phone: _____ Phone: _____

Medical Information:

Insurance Company: _____ Policy/Group #: _____

(Please attach a copy of your insurance card)

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1. I hereby give permission for my teen to participate in events sponsored by Scott Lake Baptist Church. I release and agree to hold harmless Scott Lake Baptist Church and the adult sponsors/staff from any and all liability, claims, or demands for personal injury, as well as damage and expenses, of any nature that occur while the child is participating in this event.
 2. If my teen should become ill or injured at a Scott Lake Baptist Church activity, I will expect the church sponsors to a) contact me immediately or b) contact the person(s) I have designated if I cannot be reached.
 3. Should the adult sponsor/staff be unable to reach me and/or person(s) designated, they are authorized to contact my teen's physician and arrange for immediate emergency treatment.
 4. The church/sponsors are authorized to seek emergency medical treatment necessary to ensure the health and safety of my teen. I agree to be financially responsible for emergency medical payments due to services rendered to my teen in case of illness or injury.
 5. In case of minor injury, I authorize the church/sponsors to provide first aid.
 6. Should it be necessary for the participant to return home due to medical reasons, disciplinary action, or otherwise, we assume all transportation costs.
 7. I give permission to hold and distribute any medicines (prescription or nonprescription) that I send with my child.
Please list medications and instructions:

Signature of Parent/Guardian: _____ **Today's Date:** _____

The state of _____ the county of _____
Before me, a Notary Public, on this day personally appeared _____ known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purpose and consideration therein expressed. Given under my hand and the seal of the office this _____ day of _____, A.D. _____.

Print Name of Notary Public Here

Signature of Notary Public Here

My commission expires the _____ day of _____, A.D. _____.