

# Briarwood Church Medical Release Form 2020

## Student Information:

Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Emergency Contact Information:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

## Medical Information:

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Allergies, Medicines, or other information \_\_\_\_\_

## Consent

- I hereby give my permission for my child to participate in all activities, events, and trips sponsored by Briarwood Full Gospel Church or one of its ministries between the dates of January 1, 2020 and January 1, 2021. **INITIAL** \_\_\_\_\_

## Medical

- I hereby GIVE/DO NOT GIVE (circle one) my permission for staff, officers, agents, sponsors, representatives, and volunteers of Briarwood Church to administer safe doses of "over-the-counter" drugs (i.e. Advil, Tylenol, Sudafed, etc.) to my child in the event of minor cuts, scrapes, aches, pains, or minor sickness. **INITIAL** \_\_\_\_\_
- In the event of an emergency, I hereby GIVE/ DO NOT GIVE (circle one) my permission for my child to receive proper medical attention as deemed necessary by a consulting physician or an emergency medical responder. **INITIAL** \_\_\_\_\_
- I hereby GIVE/ DO NOT GIVE (circle one) my consent to release pertinent medical information contained in this form to said personnel. **INITIAL** \_\_\_\_\_

**Liability**

- I hereby waive all claims against, and release from liability, Briarwood Church, its staff, officers, agents, sponsors, representatives, and volunteers in case of accident or injury.

**INITIAL**\_\_\_\_\_

**Publicity**

- I hereby GIVE/ DO NOT GIVE (circle one) my permission for my child to be recorded, photographed, and/or interviewed regarding church related activities of events. I understand that this release applies to all forms of media, including social media. I further understand that I may revoke this permission at any time completing this form.

**INITIAL**\_\_\_\_\_

\_\_\_\_\_  
**Printed Name of Parent or Legal Guardian**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**