

SOUTH CANYON BAPTIST CHURCH

**Parental Liability Release
and Medical Authorization Form**

**THIS FORM MUST BE READ CAREFULLY AND SIGNED BY THE PARENT
OR LEGAL GUARDIAN OF EACH PARTICIPANT BEFORE
ENGAGING IN THE DESIGNATED ACTIVITY**

I, _____, the parent and/or legal guardian of
(Parent's name)
_____, a minor, born _____, who resides
(Child's name)
with me at _____
give permission for my above-named child to participate in the following South Canyon
Baptist Church youth activity:

In case of emergency Home phone _____ Cell phone _____

In consideration thereof, **I hereby release** the South Canyon Baptist Church, its officers, employees, agents and representatives, and any other persons connected with said activity **from any and all legal liability, and waive any and all causes of action, claims or demands for any loss, damage, injury or death occurring in the course of my child's participation in the above activity.** I understand that said activity may include, but not be limited to, transportation in vehicles owned by the church or other individuals.

I further give my **consent to emergency treatment**, including, but not limited to, x-rays, examination, anesthetic, medical or surgical diagnosis or treatment, and hospitalization, as may be needed for my child. In addition, I agree to inform the individuals in charge of the above-designated activity of any allergy, medical condition or physical or mental disability that may affect my child while participating in the activity.

This release is legally binding upon me, my child, my heirs, assigns, estate, and legal guardians. If any provision of this release is found to be unenforceable, the remaining terms shall remain in effect.

**THIS IS A RELEASE OF LIABILITY
DO NOT SIGN THIS RELEASE IF YOU DO NOT UNDERSTAND
OR AGREE WITH ITS TERMS**

Signature of Parent/Legal Guardian

DATE

MEDICAL INFORMATION

Child's/Youth's Doctor _____ Phone # _____

Allergies, if any _____

Parent's Doctor _____ Phone # _____

Medicines child/youth is taking _____

Date of last Tetanus injection _____

Any other medical information _____

Any of the following:

- | | | | |
|----------------|----------------|----------|--------------|
| Convulsions | Kidney ailment | Diabetes | Bronchitis |
| Heart ailments | Epilepsy | Asthma | Tuberculosis |

Attach a copy of insurance card(s) if possible.

Insurance
Card
Front

Insurance
Card
Back