NBBC YOUTH GROUP LIABILITY AND MEDICAL RELEASE FORM

As the parent/legal guardian of ____, permission is hereby given for my child to attend youth group events both on the property at Northbridge Baptist Church as well as field trips, retreats, concerts, camps and any other event off church property.
I understand and acknowledge that participation in the activities involves inherent risks of injury to my child including risks associated with transportation by motor vehicle. I agree to indemnify the Northbridge Baptist Church, Youth Ministers, and Volunteers for any costs or expenses arising out of my child's participation in the activities including the cost of any medical care given my child or any expenses or fees incurred in as a result of any damage or injuries caused by my child in the course of his or her participation in the activity. I further give my consent that in my absence the above-named minor be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named minor.

Childs Legal Name ___________________________ Date of Birth____________________________

Date of last Tetanus Booster ____

Known allergies including any allergies to medicine (Continue on back of form if needed)
____

Any other medical problems, which should be noted? (Continue on back of form if needed)
____

Name of Parent / Guardian: ____

Address _____________________________ City/State/Zip ________________________________

Phone Home __________________ Work ________________________ Mobile __________________

Person responsible for charges (if different from above) ________________________________

Address __________________________________ City/State/Zip ____________________________

Phone Home _________________ Work ________________________ Mobile __________________

Person to notify if parent/guardian is unavailable: ________________________________

Phone Home _________________ Work ________________________ Mobile __________________

Family Physician _____________________Phone ____

Insurance Carrier & Policy Number ____

Signature of Parent ______________________________________ Date __________________

Signature of Witness ______________________________________Date __________________