

MEDICAL RELEASE FORM AND INDEMNITY AGREEMENT

Northbridge Baptist Church, Charleston Sc.

We understand that during the year **2011**, my child _____, hereinafter Minor, will be allowed to take in-town and out-of-town trips with Northbridge Baptist Church of Charleston, Sc. (hereinafter Northbridge Baptist). We agree that the youth leaders(s) and Northbridge Baptist shall not be held responsible for any accident or misfortune, which might occur in connection with these activities. You may also be assured that he/she is being permitted to make these trips with our consent.

Minor has assured us that he/she shall conduct himself/herself in such a way that credit will be reflected upon this group he/she represents. Minor understands and has signed "The Promise" described below.

THE PROMISE: I hereby promise to obey any rules and regulations laid down by the group leader(s). I realize that such rules are necessary for the safety and happiness of the entire group. I will cooperate with the youth leader(s) and other members of the group. I know the serious breaking of these rules may mean my return home.

(Signature of Minor)

I, the undersigned parent or legal guardian, assume full responsibility for all medical bills, doctor bills, and/or hospital bills or otherwise incurred by Minor. Further I agree to indemnify and reimburse Northbridge Baptist Church, and/or any other agents, employees, sponsors, volunteers, or otherwise of Northbridge Baptist Church who shall incur such expenses in the treatment of the accident or illness of Minor the full amount which shall be expended.

I certify that the information I have given is correct, and that both parents/legal guardians (if possible) have read and understand this agreement.

PARENT SIGNATURE _____ DATE _____

PLEASE TURN OVER AND FILL OUT MEDICAL INFORMATION

MEDICAL DATA FOR MINOR

NAME OF MINOR		DOB	AGE	SEX
ADDRESS		CITY		ST ZIP
PHONE	SS#	DL#	GRADE	
NAME OF FATHER/LEGAL GUARDIAN				
ADDRESS OF FATHER				
TELEPHONE OF FATHER				
FATHER'S EMPLOYER			WORK PHONE	
WORK ADDRESS				
NAME OF MOTHER/LEGAL GUARDIAN				
ADDRESS OF MOTHER				
TELEPHONE OF MOTHER				
MOTHER'S EMPLOYER			WORK PHONE	
WORK ADDRESS				
INSURANCE COMPANY			CLAIMS PHONE #	
TYPE OF COVERAGE			POLICY #	
PLAN			ID #	
GROUP			GROUP #	
MINOR'S DOCTOR			TELEPHONE	
OFFICE ADDRESS			CITY	
NAME OF CONTACT OTHER THAN PARENT/GURADIAN				
ADDRESS			CITY	
TELEPHONE			RELATION	
KNOWN ALLERGIES (including food & drugs)				
EXISTING MEDICAL CONDITIONS				
DATE OF LAST TETANUS SHOT			OTHER INFO	
PRESCRIPTIONS OR MEDICATION (taken on an on-going basis)				

A duplicate copy of this agreement shall be as effective as the original.

I certify that the information I have given on this form is correct.

SIGNED (parent or Guardian) _____ Date _____

In behalf of Northbridge Baptist Church.

MINISTER'S SIGNATURE _____ Date _____