

Shandon Baptist Church Release Form

Student Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Age: _____ Grade: _____

Father's Name: _____

Emergency Phone: _____

Mother's Name: _____

Emergency Phone: _____

Child's Physician: _____

Physician's Phone: _____

Physician's Address: _____

Insurance Company: _____

Insurance Policy #/Group #: _____

Is your child taking any medication? If so, please list:

Does your child have any allergies? If so, please list:

I, we, hereby appoint the appropriate representative of Shandon Baptist Church who, during my/our absence shall be authorized to consent for all medical and/or surgical treatment and/or special procedures which may be required during our absence without limiting in any manner, the foregoing appointment and authorization. The undersigned agrees to pay all costs associated with such medical care and related transportation for the child and we do hereby release, absolve, indemnify, and hold harmless Shandon Baptist Church, the organizer, sponsors, and supervisors from any and all loss and injury incurred therein.

Parent's Signature: _____