

**PERMISSION AND MEDICAL RELEASE FOR ALL
2013 ACTIVITIES
Kingsland First Baptist Church**

_____ has my permission to participate in activities in 2012 which are being sponsored by the ministries of Kingsland First Baptist Church, Kingsland Georgia.

Childs Full Name: _____
Date of Birth _____ Grade _____ Age _____

We understand and appreciate every child's individuality and interests. However, to ensure your child gets the maximum experience of our event, **we encourage full participation from every individual in all the scheduled activities**. If, for any reason, your child is limited from specific activities, (health or otherwise), please note the limitations below. Please also use this space to indicate any prescribed medications that will need to be administered during the day and any specific instructions for such medications. **We request that all medications be in original container with label. Any exceptions will need to be explained in writing.**

Limitations/Medications Instructions

Does your child have any allergies? (medications or other) If so, please list:

Parent(s) or Guardian(s) name: _____
Address _____ City _____ Zip _____
Cell # _____ Home # _____ Work # _____

Family Physician:

Name _____ Phone _____

Is this child covered by any medical or hospitalization insurance? _____

Name of Insurance Co. _____

Phone _____ Policy and Group No. _____

Name of Policy Holder _____

Are shots current? Yes ___ No ___ Date of last Tetanus Shot _____

Does your child have (or has ever had) any of the following: (circle and explain below)

Seizure disorders - Asthma -Heart murmur - Diabetes -Hay fever - Kidney disease.

I authorize administration of any over the counter medications by a health care professional. I also authorize any health care professional to treat my child for injury or illness and to release information for insurance purposes during the period of these activities. I agree to assume obligation of doctor's bills, telephone calls, or other expenses relating to an emergency incurred during the period of these activities. I also release and discharge Kingsland First Baptist Church, its officers, agents, and employees, (all claims and demands/rights and causes of action) growing out of personal injuries and property damage resulting or occurring during activities or in transit to and from all activities.

Parent/guardian's signature:

Date _____