

2017 Release and Consent Agreement for Children, Youth and Adults

Children and Youth: Please Attach a Copy of Insurance Card.

I hereby, for myself, my heirs, executors, and administrators, waive, and forever discharge any and all rights and claims for damages which I may have or which may hereafter accrue to me against FIRST BAPTIST CHURCH OF DOTHAN, ALABAMA, hereinafter referred to as "Church," its members, respective officers, agents, representatives, successors, employees and/or assigns, individually or collectively which may be sustained and suffered by me in connection with my association with/or arising out of my traveling with, participation in, and returning from any activity sponsored by Church.

The undersigned do hereby consent to any and all medical, and surgical treatments including anesthesia and operations which may be deemed advisable by his or her physician and surgeons or if not available, then any physician. The intention hereof being to grant, authority to administer and to perform all and singularly any examinations, treatments, anesthetics, operation, surgery, and diagnostic procedures which may now or during the course of the child's and/or youth's care be deemed advisable or necessary.

This release and authorization shall continue until revoked in writing and filed with Church.

In witness of our consent and agreement to the matters stated in the preceding sentences, we have subscribed our signatures below.

NAME _____
(please print) LAST FIRST MIDDLE

ADDRESS _____ PHONE (H) _____
_____ Zip _____ PHONE (W) _____

DATE OF BIRTH _____

May First Baptist use your picture for promotional purposes? _____ Yes _____ No

In Case of Emergency Notify:

1. _____ Phone _____
2. _____ Phone _____

Name of Physician: _____ Phone _____

Date of Last Tetanus Immunization: _____

My Insurance Company is: _____ My Policy Number is: _____

SIGN BELOW IN THE PRESENCE OF A NOTARY PUBLIC

PARTICIPANT'S SIGNATURE _____ (To be signed ONLY in the presence of a Notary Public) Date _____

PARENT'S SIGNATURE _____ (To be signed ONLY in the presence of a Notary Public) Date _____
(if under 18 years of age)

STATE OF ALABAMA,
HOUSTON COUNTY

I, the undersigned authority, a Notary Public in and for said State, hereby certify that the above named person, who is known to me, acknowledged before me on this day that, being informed of the contents of the foregoing release has executed the same voluntarily and for permission to the First Baptist Church of Dothan, Alabama, to authorize any needed medical aid if deemed necessary or advisable.

Given my hand and official seal, this _____ day of _____, _____.

SEAL

NOTARY PUBLIC

My Commission Expires: _____

PAST MEDICAL HISTORY

_____	Asthma	_____	Sinusitis	_____	Bronchitis	_____	Diabetes
_____	Heart Trouble	_____	Kidney Trouble	_____	Dizziness	_____	Hay Fever
_____	Other	_____					

PREVIOUS OPERATIONS OR SERIOUS ILLNESSES:

LIST ALLERGIES, if any:

LIST **CURRENT** MEDICATIONS:
