Northside Memorial Baptist Church
MEDICAL RELEASE

Name of Youth Participant

Full Address

Date of Birth Phone

Emergency contact person Phone

Name of Insurance Company Policy #

Physician Name Phone

Please list any medical allergies, medications being taken, medical problems, or other pertinent information:

I understand that, in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give my permission to **JIM JOHNSON** or an adult sponsor to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my child's well-being.

Signed _____ Date _____
(Parent or Legal Guardian)

WAIVER OF LIABILITY STATEMENT

I, the parent or legal guardian of the child listed below, release **JIM JOHNSON AND NORTHSIDE MEMORIAL BAPTIST CHURCH**, together with the adults in charge, from any and all claims resulting from injury or damage that may be sustained by my child while participating in the activity listed below.

Name of Youth Participant _____

Activity _____

Date(s) of activity: _____

Signed _____ Date _____
(Parent or Legal Guardian)