



Legal & Medical Release Form

This Legal and Medical Release Form is for... (please check all that apply)

- ...my child's file at church and is effective at any church-sponsored activity on or off church-owned property. (If changes occur in this information presented here, I understand it is my responsibility to notify the church so changes may be made in my child's file.)
- ...riding the bus or van, to and from church events, recognizing that, should my child fail to behave in an appropriate manner, the church may refuse to provide bus or van service to my child.
- ...being transported in a personal vehicle to and from events off-site operated by an approved WBC KIDS Team Member.
- ...the following specific event: _____



1. Pursuant to the provision of the civil code of the State of Kentucky, I the undersigned, legal guardian of _____ (child's name), a minor, do hereby authorize as agents, the adult supervisors of the children's and student ministry departments of the Westside Baptist Church of Murray, Kentucky, to consent to any diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practice Act, or by a dentist licensed under the provisions of the Dental Practice Act. It is understood that this authorization is given in advance of any specific care being required, be it given to provide authority to give care which physician may, in the exercise of his/her best judgment, deem advisable.
2. I hereby authorize that the Westside Baptist Church leaders that have training in/as First Aid Treatment or Emergency Medical Technicians or Registered or Licensed Nurses may perform care upon my child in accordance with the level of training they have received as deemed necessary by them.
3. I hereby authorize any hospital, which has provided treatment to the above named minor to surrender physical custody of such minor to my above named agent upon completion of treatment. This authorization is given pursuant to the Health and Safety Code.
4. I hereby release Westside Baptist Church of Kentucky and its leaders (both paid and volunteer staff) from liability in case of accident. I further understand and acknowledge the Church will not allow me or my child(ren) to participate in the aforesaid Church activities without releasing and holding the Church harmless. Further, I hereby request the Church to allow myself and/or my child(ren) to participate in said activities and in consideration thereof agree to hereby release and forever discharge the Church, its officers and its directors and its employees, agents and any parties volunteering on behalf of the Church, from all actions, claims, costs, expenses or damages of any kind growing out of or related to any activity of the Church in which I or the above-identified child(ren) participate.
5. I hereby authorize Westside Baptist Church to use photographs of my child with or without their name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.
6. I hereby grant permission for my child to participate in an activity sponsored by Westside Baptist Church as specified above.
7. I hereby grant Westside Baptist Church permission to transport my child as needed to participate in the activity specified above.
8. These authorizations shall remain effective until revoked in writing and delivered to said agent.

Signature

Date



Legal & Medical Release Form

STUDENT INFORMATION

Full Name

Address

City ST Zip Date of Birth

Allergies

Medical Problems

Current Medications

PARENT/GUARDIAN INFORMATION

Father's Name Cell Phone

Employer Work Phone

Mother's Name Cell Phone

Employer Work Phone

MEDICAL INFORMATION

Medical Insurance Carrier ID#

Family Doctor Phone

A COPY OF THE INSURANCE CARD MUST ACCOMPANY THIS FORM.

ADDITIONAL EMERGENCY CONTACT

Name Phone

Relationship to Student