

# Memorial Baptist Church

## MINOR'S ANNUAL MEDICAL TREATMENT AUTHORITY, RELEASE AND INFORMATION

We/I \_\_\_\_\_ (name of parent(s) or legal guardian) give permission for \_\_\_\_\_ (name of son/daughter/ward) to attend and participate in **Memorial Baptist Church** ministry events from August 15, 2016 through August 15, 2017. We/I do hereby authorize the employees or Event Coordinators of Memorial Baptist Church, as agents for the undersigned, to consent to any x-ray examination, anesthetic, medical or surgical 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 or the medical staff of a hospital, wherever such diagnosis or treatment is rendered. It is understood that this authorization is given in advance of any specific diagnosis or recommendation for treatment or hospital care being made and is given to grant authority to the agents and Event Coordinators of Memorial Baptist Church to give specific consent to any and all such diagnoses, treatments or hospital care which a physician or hospital medical staff member in the exercise of his/her best judgment may deem advisable.

I hereby release from all claims and forever hold harmless **Memorial Baptist Church** and its directors, employees, agents and other volunteers for the Event from any and all claims and demands for personal injury, sickness, and death, as well as property damage and expenses, of any nature incurred or suffered by my son/daughter/ward. I give permission for my son/daughter/ward to be in pictures, images and videos or other recordings that may be made and used for promotion of the **Memorial Baptist Church** and this or other events. I assume personal responsibility for all medical charges, hospital charges and related transportation costs in excess of amounts paid by any applicable medical insurance. Should it be necessary for my son/daughter/ward to return home due to or for medical or other reasons, I hereby assume responsibility for all transportation costs and related expenses. I affirm that I am at least 18 years of age, that I have read this Minor's Annual Medical Treatment Authority, Release And Information, that I understand its contents, and that I am not aware of any reason why my son/daughter/ward should not attend and participate in **Memorial Baptist Church** events.

Signature of Parent(s) or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone(s): \_\_\_\_\_ Work Phone(s) \_\_\_\_\_  
Cell Phone (1): \_\_\_\_\_ Cell Phone (2): \_\_\_\_\_  
E-Mail: \_\_\_\_\_

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Son/Daughter/Ward's Birth Date: \_\_\_\_\_ Son/Daughter/Ward's Cell Phone: \_\_\_\_\_  
Last Tetanus Toxoid Booster: \_\_\_\_\_  
Allergies to Food or Drugs: \_\_\_\_\_  
Special Medications: \_\_\_\_\_  
Son/Daughter/Ward's Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Subscriber \_\_\_\_\_ Subscriber # \_\_\_\_\_