

MEDICAL AND SURGICAL WAIVER

I. MINOR CHILDREN - To be filled out by the parents or legal guardians of young people under 18 years of age

I, _____, the parent or legal guardian of _____, (hereinafter referred to as "MINOR") a minor, hereby acknowledge that said minor is presently under my care, custody. I hereby give my child, the said minor, permission to go to activities with NORTH JACKSONVILLE BAPTIST CHURCH of JACKSONVILLE, FLORIDA, (hereinafter referred to as "CHURCH"). I further expressly grant my permission for my child to participate in all planned activities.

In the event there arises an emergency, necessitating medical or surgical attention, I hereby consent and give my permission to the CHURCH, or its representatives, or the trip sponsors to make such decisions to perform such medical treatments and/or surgery upon said MINOR which may in their sole discretion be necessary and proper under the circumstances.

I, the undersigned parent and/or guardian of said MINOR do release, acquit, discharge, and covenant to hold harmless CHURCH, or its representatives, or trip sponsors from any and all actions, damages, and/or liabilities arising out of any accident or sickness, or treatment thereof, incurred by my child during activities with CHURCH.

Signature of parent or guardian _____ Date _____

Print Name _____ Phone () _____

Address _____ Cell () _____

II. ADULTS - To be completed by those 18 years of age and older

I, the undersigned, am 18 years of age or older. I have read the above Waiver for Minor Children and do agree to the same terms. I do hereby release, acquit, discharge, and covenant to hold harmless CHURCH, or its representatives, or trip sponsors from any and all actions, damages, and/or liabilities arising out of any accident or sickness, or treatment thereof, incurred by me while involved in activities with CHURCH.

Signature _____ Date _____

Print Name _____ Phone () _____

Address _____ Cell () _____

MEDICAL INFORMATION

Insurance Co _____ Phone () _____

Address _____

Group Name _____ Group # _____ Policy # _____

Address _____

Policy Holder: Name _____ Phone () _____

Address _____ Date of Birth _____

Immunization status and/or date: Tetanus _____ Typhoid _____ Polio _____ Other _____

List any physical limitations which might hinder participation in activities (allergies, asthma, migraines, etc.) or special instructions should medical treatment be required (rare blood types, high blood pressure etc.) _____

List current medications _____

Additional Emergency Contacts:

Name: _____ Phone () _____ Cell () _____

Name: _____ Phone () _____ Cell () _____

NOTARY PUBLIC

_____, personally appeared before me, who is personally known by me or has produced identification, executed the within and foregoing Medical and Surgical Waiver.

Witness my hand and official seal this ____ day of _____, 20____.

_____, Notary Public

(seal)