

PERMISSION & MEDICAL INFORMATION FORM

WITH MEDICAL AND SURGICAL WAIVER (sign all applicable boxes)

I. MINORS - To be filled out by the parents or legal guardians of participants/attendees under 18 years of age

I, _____, the parent or legal guardian of _____, (hereinafter referred to as "MINOR"), hereby acknowledge that said MINOR is presently under my care and custody. I hereby give MINOR permission to go to activities at and with NORTH JACKSONVILLE BAPTIST CHURCH of JACKSONVILLE, FLORIDA, (hereinafter referred to as "CHURCH"). I further expressly grant my permission for MINOR 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 agents/representatives to make decisions regarding medical treatments and/or surgery upon said MINOR which may in their 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, and its agents/representatives from any and all actions, damages, and/or liabilities arising out of any accident or sickness (including any treatment thereof) incurred by my child during activities with CHURCH.

Signature of Parent or Guardian _____ Date _____
Print Name _____ Home Phone (____) _____
Address/City/St/Zip _____ Cell Phone (____) _____

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

I, the undersigned participant, am 18 years of age or older. I have read section I. above relating to minor children, and do agree to the same terms in regards to myself. In the event there arises an emergency necessitating medical or surgical attention (and I am unable to make decisions relating to such attention myself), I do hereby authorize the CHURCH, or its agents/representatives to make decisions regarding my medical treatments and/or surgery which, in their discretion, is necessary and proper under the circumstances. Likewise, I release, acquit, discharge, and covenant to hold harmless the CHURCH, and its agents/representatives from any and all actions, damages, and/or liabilities arising out of any accident or sickness (including any treatment thereof), incurred by me while involved in activities with CHURCH.

Signature of Participant _____ Date _____
Print Name _____ Home Phone (____) _____
Address/City/St/Zip _____ Cell Phone (____) _____

EMERGENCY CONTACT INFORMATION

If I am not available in an emergency, please attempt to notify:

Name _____ Relationship to Participate _____ Home Phone (____) _____
Address/City/St/Zip _____ Cell Phone (____) _____

Name _____ Relationship to Participate _____ Home Phone (____) _____
Address/City/St/Zip _____ Cell Phone (____) _____

MEDICAL & INSURANCE INFORMATION

Please list the name, address and phone of the physician who should be consulted in the event of emergency or medical problems involving the person for who this form is completed: Name: _____ Office Phone (____) _____
Address/City/St/Zip _____

Does the participant have any allergies, dietary restrictions, medical or health problems that would affect his/her participation in any activities? Please check either: (____) No (____) Yes. If you checked "Yes" above, please describe all allergies, dietary restrictions, medical or health problems below (and list any medications being taken relating to them): _____

Name of Insurance Co _____ Ins Co Phone (____) _____
Ins Co Address _____ Policy Number _____
Name of Primary Policy Holder _____

Participant/Parent or Guardian
Signature _____ Date _____
Print Name _____
Witness #1 (as to all signatures) **Witness #2 (as to all signatures)**
Signature _____ Date _____ Signature _____ Date _____
Printed Name _____ Printed Name _____