

MEDICAL RELEASE & WAIVER OF LIABILITY OF  
FIRST BAPTIST CHURCH

Camp 2017 – June 26 – July 1, 2017

Concerning my child's participation in the aforementioned activity, I give Trevor Koonce and/or adult sponsor the freedom and the right to admit my child to a hospital and to seek the services of a licensed physician should any accident or bodily injury be incurred by my child during the aforementioned activity.

I have discussed the activity with my child and he/she has assured me that he/she will conduct himself/herself in a manner that will not bring disrespect to the family or church. It is understood that he/she will be chaperoned for the entire time of the activity and that normal precautions will be taken in the interest of their safety and well being. I agree that the church or chaperone will not be held responsible for any accident or misfortune, which might occur in connection with the aforementioned activity.

\_\_\_\_\_  
STUDENT'S NAME      DATE OF BIRTH      AGE      GRADE      PHONE NUMBER

\_\_\_\_\_  
ADDRESS EMERGENCY NUMBER

\_\_\_\_\_  
INSURANCE COMPANY POLICY NUMBER

\_\_\_\_\_  
ALLERGIES OTHER MEDICAL ISSUES

\_\_\_\_\_  
SIGNATURE OF PARENT/GAURDIAN

\_\_\_\_\_  
DATE