

First Baptist Church Lithia Springs
Medical Release and Insurance Information

Child's Name: _____ Age: _____
Date of Birth: _____
Phone #: _____ - _____ - _____ Cell #: _____ - _____ - _____
Emergency Contact Name: _____ Number: _____ - _____ - _____
Insurance Company: _____
Address of Company: _____
Phone Number of Company: _____ - _____ - _____
Contract Number: _____ Group Number: _____
Effective Date: _____ Plan: _____
Expiration Date: _____ Prescription Number: _____

CHURCH STATEMENT

I, _____, the parent or legal guardian of _____, a member or visitor of First Baptist Church Lithia Springs Youth Group, give First Baptist Church Lithia Springs permission to take my child to _____ (event & date) I understand that there are risks occasionally involved in some activities and allow the adult Leaders of the event my child is attending to seek medical treatment for my child. I understand that I am responsible for any expenses of my child's medical care and that my family insurance is primary. No other insurance is provided. I also ascertain that the above insurance information is correct to the best of my knowledge. I release First Baptist Church Lithia Springs and its involved chaperones as being personally liable for any accident, medical or otherwise, concerning my child.

Medications that need to be taken:

Allergies and medical problems of parents and/or other members of immediate family. Please include any other information that will help us if needed.

Complete and sign below (participants who are minors per your state statute require Parent/Legal Guardian signature).

Participant's Signature (only if 18 yrs of age or older): _____
Date: ___/___/___ Parent/ Guardian Signature: _____
Phone: () _____ Date: ___/___/___

Notary Acknowledgement: State of _____ County of _____ On _____ before me, _____, Notary Public, personally appeared _____ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under PENALTY OF PERJURY under the laws of the state that the foregoing paragraph is true and correct. WITNESS my hand and official seal.

Notary signature: _____ My commission expires: _____

** Please attach copy of insurance card, and prescription card if possible**
