Medical Release Form
Blodgett Street Baptist Church
1500 W. Blodgett Street
Carlsbad, NM 88220 (575) 885-5033

Student's full name _____

Phone _____ Age _____ Sex _____

I give my child permission to participate in youth activities with Blodgett Street Baptist Church during this calendar month (March 2010).

In the event that my child is injured while with the church, I do hereby authorize and consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment rendered that my child would need.

It is understood that this authorization is given in advance of any specific diagnosis or treatment being required, but is given to provide authority and power to render care which the treating physician, in his or her best judgment, may deem advisable.

It is understood that effort will be made to contact me, the undersigned, prior to rending treatment to my child, but that treatment will not be withheld if I cannot be reached.

I understand the nature of these events and hereby release Blodgett Street Baptist Church and its staff and volunteers from any liability for accidents or injuries sustained by my child in conjunction with church events.

_____ _____
signature of parent/guardian date

IN CASE OF EMERGENCY NOTIFY:

Full Name _____ Home phone _____

Relationship to student _____ Work phone _____

Address _____ Cell phone _____

City _____ State _____ Zip _____

Family Doctor _____ Phone number _____

INSURANCE INFORMATION

Company name _____ Phone number _____

Group number _____ ID number _____

Name of insured _____

Allergies, medicines taken regularly, or physical problems we should be aware of _____

_____