

# Medical and Liability Release Statement

**First Baptist Church of Brownsville  
27910 Seven Mile Lane  
PO Box 537  
Brownsville, Oregon 97327  
(541)466-5900**

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the person listed on this form. In the event I cannot be reached in an emergency, I hereby give my permission to the physician or dentist selected by the ministry leader to hospitalize, to secure medical treatment, and/or to order an injection, anesthesia, or surgery for my child as deemed necessary by the attending physician or dentist.

I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. Coverage by First Baptist Church of Brownsville, Oregon, through its accident policy will be used as a backup for what my family's insurance does not cover. I understand and agree that any expenses not covered by either my insurance or the church's insurance are my responsibility.

I understand all reasonable safety precautions will be taken at all times by First Baptist Church and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold First Baptist Church, its leaders, employees, agents, and volunteer staff liable for damages, claims, losses, diseases, or injuries incurred by the child(ren) named below.

I understand that if there is any change in my child's insurance coverage and information, it is my responsibility to provide the new information to the church as soon as possible.

**This release statement is in effect from September 1, 2018 to August 31, 2019**

I give my permission for my child's picture to be used in club displays. Also, I give my permission for a leader to telephone and send cards to my child.

*Continued on next page...*

First Baptist Church of Brownsville  
**Emergency Contact & Medical Information**  
 2018-2019

**Child(ren)'s Information:**

Name(s):	Birthdate:	Allergies:	Special Health Concerns:

**Contact Information:**

Father/Guardian Name: _____ Home Phone: _____ Cell Phone: _____ Work Phone: _____	Mother/Guardian Name: _____ Home Phone: _____ Cell Phone: _____ Work Phone: _____	Emergency Contact: _____ Relationship to Child: _____ Phone: _____ Alternate Phone: _____
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**Medical Information:**

Doctor: _____ Phone: _____	Dentist: _____ Phone: _____	Insurance: _____ Policy Number: _____
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**I have read and agree with the medical liability release statement included in this document:**

\_\_\_\_\_  
 Parent/Guardian signature

\_\_\_\_\_  
 Date