

Rosemont Baptist Church Children's Ministry

Medical Release Information 2019

This form is valid from January 1, 2019 through December 31, 2019

This form must be notarized and include a copy of your medical insurance card

Child's Information

Name: _____ Birthday: ___/___/___ Age: _____
Address: _____ Phone: (____) _____ Gender: _____
City: _____ State: _____ ZIP: _____

Parent/Guardian Information

Name(s): _____ Phone(s): (____) _____, (____) _____
Address: _____ City: _____ State: _____
ZIP: _____ Work Phone: (____) _____

Insurance Information

Do you have health insurance that covers this child? Yes/No
Name of Company: _____ Policy #: _____
Name of Carrier: _____ Group #: _____
Doctor: _____ City: _____ Phone: (____) _____

Health History

Please list any medications/allergies/dietary restrictions or any other conditions that Rosemont should be aware of.

Release and Notarization Information on back 

Personal Medical/Liability Release Statement

My child, _____, has my permission to travel with Rosemont Baptist Church of Lexington, Kentucky, or attend all children's ministry activities from January 1, 2019 through December 31, 2019. While I understand that the church will take reasonable steps to provide individual care and safety to my child, I am aware that the church, their employees, or chaperones cannot assume any responsibility for any injury, damage, or harm which might result during the course of any activity during functions so sponsored. In consideration of permitting my child to participate, I agree that full responsibility will remain with me as a parent or guardian of this child. Should any claim be asserted by any person as the result of the acts of my child while participating in the course of activities provided by the church, or traveling to or from such activity, or should my child assert any claim against the church or its employees or chaperones, I agree to indemnify and hold the church harmless from any attorney fees and costs incurred by the church in defense thereof. I further authorize medical treatment of my child in the event of illness or injury sustained in my absence while my child participates in the course of activities provided by the church.

Parent/Guardian Signature: _____

Date: _____

Notary Public: _____

My Commission Expires: _____

Remember to attach a copy of the front and back of your medical insurance card.