

Medical Authorization and Release

Name of Minor: _____

I, (name of parent or guardian): _____

The undersigned, of (address): _____

City of _____ County of _____ State of _____

In the event of an accident, sudden illness, or medical emergency involving the aforesaid minor, I hereby authorize the following staff members / volunteer leaders of Richland Bible Fellowship Church / Woodcreek Church:

_____ as adult person(s) into whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care, deemed to be necessary by a licensed physician. **It is the express intent of the undersigned that this Medical Authorization and Release be in effect for all Richland Bible Fellowship Church / Woodcreek Church youth group activities conducted during the period beginning on January 1, 2008, and ending on December 31, 2008.**

The following information is included and may be resorted to if needed by any hospital or licensed medical practitioner not having access to the minor's medical history:

Allergies: _____

Medical conditions: _____

Physical impairments: _____

Medication being taken: _____

Other pertinent medical facts: _____

Parent Names: _____

Home Phone: _____

Parent Work Phone: _____

Parent Cell Phone: _____

Physician Name: _____

Physician Phone: _____

Alternate Emergency Contact: _____

Alternate's Phone: _____

In consideration of the minor being permitted to participate in all Richland Bible Fellowship Church / Woodcreek Church youth group events that occur during the period of time **beginning on January 1, 2008, and ending on December 31, 2008**, I, the undersigned, as parent or guardian of the minor, and on the behalf of said minor and the heirs, executors and personal representatives of said minor ("Releasors"), hereby release, waive, discharge, covenant not to sue, agree to indemnify and hold Richland Bible Fellowship Church / Woodcreek Church, its employees and assigns ("Releasees") harmless from any and all damages, liability, causes of action, or any other form of liability, past, present, or future, and whether caused by negligence of Releasees or otherwise, arising out of or relating to said minor's presence or participation in the aforementioned Church youth group activities, and any activities related thereto, or any actions taken by Releasees pursuant to the above medical authorization with respect to said minor.

The Release shall be binding on myself, my heirs, my executors, and my legal representatives and on the minor and his heirs, executors and legal representatives.

Executed this the _____ day of _____ 20____.

Signature: _____

Medical Insurance Confirmation _____
(Medical No./Insurance Company & Policy Number)