

**Student Medical & Liability Release Form**  
**Catawba Baptist Church**  
**Rock Hill, SC 29730**

**2017-18**

This form (1) gives permission for your child to travel away from the church on church-sponsored activities, which includes transportation in church owned or privately owned vehicles, and (2) gives the group leaders authorization to secure medical aid for your child should it be necessary.

**AGREEMENT:**

I/we give consent to Catawba Baptist Church to enforce guidelines related to the care of my child/youth and grant my child/youth permission to participate in youth activities sponsored by Catawba Baptist Church.

**RELEASE FORM:**

This is to certify that I/we, the natural parent(s) or guardian of \_\_\_\_\_ of the age of \_\_\_\_\_ years, for and in consideration of the Catawba Baptist Church of Rock Hill, SC providing for transportation and sponsoring youth activities for 2017-18 do hereby agree to release said Church and each of the sponsors, individually and collectively, from all liability claims from any personal injury, physical and mental pain and suffering, mental disorders, property loss or property damage, which may occur to the above named child/youth or his property while on said Church activities.

Student Birthday \_\_\_\_\_ Name of Parent(s) or Legal Guardian(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cellphone \_\_\_\_\_

Emergency Contact \_\_\_\_\_

My child may ride with another parent or advisor in his/her personal vehicle \_\_\_\_\_yes \_\_\_\_\_no

My child may drive his/her personal vehicle on church-sponsored activities \_\_\_\_\_yes \_\_\_\_\_no

My child may ride with another youth in his/her personal vehicle on church-sponsored activities if necessary \_\_\_\_\_yes \_\_\_\_\_no

I give my permission for pictures/videos to be taken of my child while on church-sponsored activities that may be used and/or posted on the church website or other publications to promote youth activities. \_\_\_\_\_yes \_\_\_\_\_no

Please list any health problems or allergies:

Please list any and all medications (name, dose, prescribing doctor):

Child's Date of Birth \_\_\_\_\_ Regular Doctor \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_ Insurance Policy# \_\_\_\_\_

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*All students must have a completed Medical & Liability Release Form on file to participate in any church-sponsored retreats or events involving travel.**