Bethlehem Baptist Church

After-School Enrichment Program 2017-2018

4 Harrison Bridge Road • Simpsonville, SC 29681

Telephone: (864) 688-0415 • Website: http://www.bbc1867.org/after_school.php

Imagine • Believe • Succeed

Participation and Medical Release Form

Effective: August 22, 1017- June 08, 2018

Description and Location of Activities:
All activities on and off the grounds of the Bethlehem Baptist Church involving the After-School participants.

Name of Participant:_____

Consent Agreement:
I, the undersigned, as a parent or legal guardian of the above named minor, hereby give my consent for the above named person to participate in the activities described above. I know of no physical or emotional condition which would limit the participation of this person in the activities except as listed on the Medical Release form.

If this person should, for any reason, require any emergency medical or surgical treatment during the activities, I authorize such physician or medical staff as you may designate to carry out the necessary treatment. I further authorize you to transport or arrange for the transport of this person to the Emergency Room of the nearest hospital and I authorize the hospital and its medical staff to perform any treatment deemed necessary by them for the well being of this person.

It is understood, however, that if hospitalization or treatment of a serious nature is required, every effort will be made to contact me by telephone for permission.

I hereby release parental chaperones and employees of the Bethlehem Baptist Church from any and all liability for any and all injuries, illnesses, or other damages that may be incurred by the above named person, or his or her personal property, during the course of any and all activities, including transportation to or from activities.

I have read and fully understand the provisions of the above release.

Print Name:_____

Signature:_____ Date:_____
Parent or Legal Guardian

List Special Condition (s):

_____

_____

_____

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Name of Participant:_____
First Middle Last

Birthdate:_____ Age:_____ Grade:_____ Sex:____M ____F

Home Address:_____

City:_____ State:_____ Zip:_____

EMERGENCY INFORMATION:

Parent or Legal Guardian Name:_____

Phone # Home:_____ Office:_____ Mobile:_____

Alternate Contact:_____ Relationship:_____

Phone # Home:_____ Office:_____ Mobile:_____

Family Physician:_____

Physician's Address:_____

City:_____ State:_____ Zip:_____

Phone # Office:_____ Emergency:_____

Hospital:_____

Date of Last Tetanus Shot:_____

Insurance Company:_____Policy #_____

Allergies, Medications or Other Medical Info: _____

_____

Parent Signature

OVER →