

Bellevue Baptist Church  
Medical Release/Registration Form  
Sunday Night Childcare

*Please Print*

Child's Name \_\_\_\_\_ Child's Birthday \_\_\_\_\_

Child's Grade \_\_\_\_\_

Parents' or Guardian's Names \_\_\_\_\_

Home Phone \_\_\_\_\_ Parents' Cell Phone (Both) \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

***(Please attach to this form a photocopy of the front and back of the insurance card.)***

Family Physician \_\_\_\_\_ Office Number \_\_\_\_\_

Name of Person (*Other than Parent*) authorized to act for parent in an emergency:

Name \_\_\_\_\_

Work phone \_\_\_\_\_ Home phone \_\_\_\_\_

**MEDICAL INFORMATION**

Allergies (*including prescription drugs and over-the-counter drugs*):

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Please list any medications to be taken by child:

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Special instructions or information: (*Use back if necessary*)

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In case of an emergency you are authorized to take such measures and arrange for such medical and hospital treatment as you may deem advisable for the health and well being of my child. I release Bellevue Baptist Church and Learning Tree, staff and volunteers from claim or liability due to sickness or injury or death. I attest to the fact that the above named child is covered by an insurance policy covering illness and injury. I accept all financial responsibilities concerning any medical emergency. *I also accept responsibility to have my child picked up immediately in the event of illness, accident, or for disciplinary reasons. I will pick up my child by 8:00pm each Sunday.*

I understand that this is not a permission slip allowing the above named individual to participate in this activity but that this is only a MEDICAL RELEASE FORM.

**RELEASE OF ALL CLAIMS**

In consideration for my child being allowed to participate in activities sponsored by Bellevue Baptist Church, I hereby release, discharge indemnify and agree to hold harmless Bellevue Baptist Church and Learning Tree, its directors, officers, and employees, agents, and all volunteer personnel from any and all liability for personal injuries and/or damage(s), injury or illness that may be suffered by (*Child's Name*) \_\_\_\_\_. I also agree to pay for any damages to persons or property for which my child may be responsible. I (We) further agree to indemnify and hold harmless Bellevue Baptist Church and Learning Tree, its directors, officers, employees, agents, and all volunteer personnel for any claim and/or damages it, or its agents are required to pay as a result of any injury or damage including reasonable attorney fees, litigation expenses and court costs.

**PARENTS' AND/OR GUARDIANS' SIGNATURES**

*(Signature and Relationship to Participant)*

1. \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_

2. \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_

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*\*A photocopy of the front and back of the participant's insurance card must be attached to this form.*