JUBILEE BAPTIST CHURCH 2023 MEDICAL RELEASE FORM / PERMISSION TO TREAT

Name:	e: Date of Birth:			
Emergency Contact Inform				
Parent/Guardian:				
		Work#		
LOCAL relative or friend to n	otify in case of an emergency	and we cannot locate parent/guardian:		
Name:		Phone#:		
Medical Information:				
Doctor:		Phone#:		
Insurance Co.:	Group#:	Policy#:		
Cardholder:	Relationsh	ip to Cardholder:		
	gularly. Prescription drugs mu	st have a pharmacy label and the name of the do		
List any special instructions, p	physical limitations, or recent ir	juries/surgeries (asthma, allergies, etc.):		

It is my understanding that the church will attempt to notify me in case of a medical emergency involving my child. If the church cannot reach me, then I authorize the church to hire a doctor or other healthcare professional, and I give my permission to the doctor or other healthcare professional to provide the medical services he or she may deem necessary. I will pay for any medical expenses so incurred. I will notify the church if I feel there are any health considerations that would prevent my child's participation in an activity. I also give my permission for church leaders to restrict my child from participating in any activity, they have any questions about for health or other reasons.

As the parent (or legal guardian), I the undersigned, certify that my child, named above, has my express permission to participate in all activities, of any nature, sponsored by Jubilee Baptist Church. I fully release Jubilee, its authorized representatives, and staff from all liability of any kind and character upon any claim, demand, or cause of action, which might be asserted, on our behalf against said church, representatives, or staff. I further agree that any claim or dispute arising from or related to this agreement shall be settled by mediation and, if necessary, legally binding arbitration, in accordance with the Rules of the Institute for Christian Conciliation; judgment upon an arbitration award may be entered in any court otherwise having jurisdiction.

A photocopy of this Authorization shall have the same effect as the original.

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