

Hampton Falls First Baptist Church

3 Lincoln Avenue, Hampton Falls, NH 03844

Phone: 603-926-3724 ◊ Fax: 603-926-4080 ◊

This two page form, consisting of a medical care authorization form and a release of liability form is intended to be used in conjunction with the following Hampton Falls First Baptist Church youth activity:

which is expected to occur on the following date(s): _____

Both pages must be completely filled out and signed by a parent or legal guardian of the youth who will be attending the activity. Failure to complete and sign both pages of this form shall be sufficient to deny the youth's participation in the scheduled activity.

MEDICAL CARE AUTHORIZATION

(Please print all information)

Name of Youth _____

Street Address _____

City, State, Zip _____

Date of Birth _____ Home Telephone Number _____

Name of Parent or Guardian _____

Work Telephone Number _____ Home Telephone Number _____

Youth's allergies _____

Significant medical history _____

Name of youth's doctor _____ Doctor's Telephone Number _____

Insurance Company _____ Policy Number _____

Person to be notified in case of emergency _____

Work Telephone Number _____ Home Telephone Number _____

Other information we should be aware of: _____

OVER

MEDICAL CARE AUTHORIZATION

I, _____ (print parent/guardian's name), the parent or guardian of _____ (print youth's name), the youth, by signing this Medical Care Authorization grant permission for emergency medical treatment to be rendered to the above-referenced youth in the event such treatment becomes necessary, and I authorize Hampton Falls First Baptist Church, it's pastors, and youth workers to secure such treatment that they deem appropriate under the circumstances. This permission is given with the understanding that in the event of illness or the need for first aid, an operation, and/or major surgery, Hampton Falls First Baptist Church, it's pastors, or youth workers will use reasonable effort to contact me. Such contact, however, shall not be a requirement for administering such emergency medical treatment if in the sole discretion of Hampton Falls First Baptist Church, it's pastors, or youth workers, such efforts to contact me could not reasonably be effected, nor shall the failure to contact me create any liability whatsoever.

I have read and understand the preceding paragraph, and voluntarily sign this Medical Care Authorization on my behalf and on behalf of the above-named youth.

Signature of Parent of Guardian

Date

RELEASE OF LIABILITY

I, _____ (print parent/guardian's name), the parent or guardian of _____ (print youth's name), the youth, by signing this Release, do for myself and the above-named youth, release Hampton Falls First Baptist Church, it's members, officers, directors, pastors, youth workers, agents, and employees from any and all liability for all losses, damages and personal injuries to myself and to the above-named youth resulting from any actions or inaction, breach of duty or other cause whatsoever in connection with the above-referenced activity whether related to the emergency medical treatment referenced above or whether related to any other matter related directly or indirectly to the scheduled activity and any transportation in connection with such activity. By signing this Release, I specifically and additionally intend to release Hampton Falls First Baptist Church, it's members, officers, directors, pastors, youth workers, agents, and employees from liability for all losses, damages and personal injuries to myself and to the above-named youth caused by the negligence of Hampton Falls First Baptist Church, it's members, officers, directors, pastors, youth workers, agents, and employees, and I understand that the Hampton Falls First Baptist Church, it's members, officers, directors, pastors, youth workers, agents, and employees are not responsible for or liable for the consequences of their own negligence.

I have read and understand the preceding paragraph, and voluntarily sign this Release on my behalf and on behalf of the above-named youth.

Signature of Parent of Guardian

Date

