

**NORTHSIDE BAPTIST CHURCH
2008 STUDENT RELEASE FORM**

CHILD'S NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHYSICIAN'S NAME: _____ **PHONE:** _____

ALLERGIES: _____

PHYSICAL HANDICAPS: _____

CURRENT MEDICATIONS TAKEN: _____

LATEST IMMUNIZATIONS: _____

ANY PHYSICAL LIMITATIONS (RECREATIONAL ACTIVITIES, ETC.)

INSURANCE CARRIER: _____ **POLICY #:** _____

I authorize any church representative to transport my child at his/her discretion in case of an emergency. I give my authority and consent to medical and surgical treatment as may be needed in the judgment of the treating physician and accept financial responsibility for such treatment.

I have full knowledge and consent for my child to participate in all activities during 2008 and to be transported by Northside Baptist Church and its representatives. I release Northside Baptist Church and its representatives from liability in case of accident or injury.

Mother's Name: _____ **Father's Name:** _____

Mother's Cell: _____ **Father's Cell #:** _____

Mother's Work: _____ **Father's Work:** _____

HOME PHONE #: _____

In the event of an emergency contact _____ if either parent cannot be reached. Phone # _____

Relationship to Child: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____