

**FIRST BAPTIST CHURCH OF LOS ALTOS**  
**MEDICAL and LIABILITIES RELEASE FORM**  
(Children's Ministry)

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_  
(Print last name) (Print first name) mo/day/yr

Address: \_\_\_\_\_  
(House/Street no., Apt. no.) (City) (Zip)

Home Ph.: (\_\_\_\_\_) \_\_\_\_\_ Parent's Cell Ph.: (\_\_\_\_\_) \_\_\_\_\_

In emergency, notify \_\_\_\_\_ Ph.: (\_\_\_\_\_) \_\_\_\_\_  
(Other than parents)

Cell Ph. (optional): (\_\_\_\_\_) \_\_\_\_\_ Relationship: \_\_\_\_\_

Family Dr.: \_\_\_\_\_ City: \_\_\_\_\_ Ph.: (\_\_\_\_\_) \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_

Address: \_\_\_\_\_ Ph.: (\_\_\_\_\_) \_\_\_\_\_

Name of Main Insured: \_\_\_\_\_ Subscriber #: \_\_\_\_\_

In the event that I cannot be reached in an emergency while my child is with the Children's Ministry from First Baptist Church of Los Altos, I hereby give my permission to the physician or dentist selected by the Children's Ministry supervisors to hospitalize, to secure proper treatment, and/or order an injection, anesthesia, or surgery for my child as deemed necessary. I also understand that photos may be taken of my child while at Children's Ministry events, which may be used by First Baptist Church of Los Altos for future promotional purposes.

\_\_\_\_\_  
(Parent or Guardian signature) (Date)

\_\_\_\_\_  
(Print name)

Name and dosage of any medication which your child takes on a regular basis:

\_\_\_\_\_  
\_\_\_\_\_

**Liability release.** As with any off-campus activity, there is a risk of injury to participants. We do not anticipate that your child will be injured while participating in any activities at First Baptist Church of Los Altos. However, we do require a parent or guardian to read and sign the following liability release statement prior to your child's participation in events at the church.

"In the unlikely event that my child is injured while participating in activities on or off the campus of First Baptist Church of Los Altos or in route to such activities, my child and I relinquish all rights to recover damages for any and all injuries sustained by my child during or in route to activities. In consideration for the church granting my child permission to recreate on or off the church campus, I hereby release First Baptist Church of Los Altos from liability for injuries caused by negligence on the part of First Baptist Church of Los Altos and its employees and volunteers."

\_\_\_\_\_  
(Parent or Guardian signature) (Date)