



Kellum Baptist Students

Activity / Medical / Liability Waiver

Name (Participant) _____ Date of Birth _____ Grade _____

Address _____

City _____ St _____ Zip _____

Student's Cell # _____

Name of Parents (Legal Guardians) _____

Parents' Home Phone _____ Cell # _____

Emergency Contact: Name & Relationship _____

Cell _____

Insurance Information (Attach a copy of the front and back of your card)

Company _____ Group# _____ Policy# _____

Personal Medical Information

List any and all medications that the participant is currently taking _____

List any special dietary needs and allergies _____

List any disabilities/limitations _____

List any other important medical information that might be needed in time of a medical emergency _____

(As medical information changes it is important for the parents to contact the leader to update the information on this form.)

Waiver

I understand that, despite careful and proper preparation, there is still a risk of injury when participating in any activity. I, _____, the parent/guardian of _____, the participant, do hereby give my permission for him/her to attend any and all activities within the student ministry of Kellum Baptist Church and to be treated for a medical emergency in my absence if needed. The adult leaders may act as an agent in my absence and will not be held liable. In any case, I do not hold Kellum Baptist Church, its staff, or its adult leaders responsible.

Sign _____ Date _____