



MEDICAL RELEASE FORM PERMISSION TO TREAT

NAME: _____ SOCIAL SECURITY #: _____

BIRTHDATE: ____/____/____ AGE: _____ SEX: (M/F): _____

ADDRESS: _____ CITY: _____ STATE: ____ ZIP: _____

PARENT/GUARDIAN: _____ CELL PHONE: (_____) _____ - _____

HOME PHONE: (_____) _____ - _____ EMAIL: _____

SECONDARY CONTACT TO NOTIFY IN EVENT OF EMERGENCY: _____

THEIR RELATIONSHIP TO YOU: _____ THEIR PHONE: : (_____) _____ - _____

PLEASE SUPPLY **ALL** OF THE FOLLOWING INFORMATION. *(ATTACH A COPY OF YOUR INSURANCE CARD.)*

MEDICAL INSURANCE CO: _____ GROUP #: _____ POLICY #: _____

COMPANY'S ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

COMPANY'S PHONE: (_____) _____ - _____

FAMILY PHYSICIAN'S NAME: _____ PHONE: (_____) _____ - _____

PHYSICAL LIMITATIONS (**ASTHMA, DIABETES, ALLERGIES, ETC.**) AND/OR SPECIAL INSTRUCTIONS (**ALLERGIC TO CERTAIN MEDS, RARE BLOOD TYPE, WEARS CONTACT LENSES, ETC**):

LIST **ALL** MEDICATION TAKEN ON A REGULAR BASIS AND/OR ANY BROUGHT WITH YOU (**PRESCRIPTION MEDS MUST HAVE A PHARMACY LABEL AND NAME OF DOCTOR**):

LIST **ALL** OPERATIONS/SERIOUS INJURIES AND DATES WITHIN THE PAST FIVE (5) YEARS:

THE HEALTH HISTORY IS CORRECT SO FAR AS I KNOW, AND THE PERSON HEREIN DESCRIBED HAS PERMISSION TO ENGAGE IN ALL PRESCRIBED ACTIVITIES AS NOTED.

EMERGENCY AUTHORIZATION - I HEREBY GIVE PERMISSION TO MEDICAL PERSONNEL SELECTED BY BROADWAY BAPTIST CHURCH'S SPONSOR/DESIGNEE OR CAMP STAFF TO ORDER X-RAYS, ROUTINE TESTS, AND/OR TREATMENT FOR MY CHILD(REN). IN THE EVENT OF AN EMERGENCY AND NEITHER MY PRIMARY CONTACT NOR SECONDARY CAN BE REACHED, I HEREBY GIVE PERMISSION TO THE PHYSICIAN SELECTED BY THE AUTHORIZED AGENT TO HOSPITALIZE, SECURE PROPER TREATMENT, ORDER INJECTIONS AND/OR ANESTHESIA AND/OR SURGERY TO MY CHILD(REN) AS NAMED ABOVE.

I FURTHER AUTHORIZE THE RELEASE OF THE MEDICAL INFORMATION TO APPROPRIATE MEDICAL PERSONNEL AND/OR THE HEALTH COVERAGE INSURANCE COMPANY. IN ADDITION, I HAVE AND DO HEREBY, RELEASE, REMISS, AND FOREVER DISCHARGE ALL SPONSORS AND BROADWAY BAPTIST CHURCH, SAND SPRINGS, OKLAHOMA, FROM ANY AND ALL CLAIMS OF ANY DAMAGE OR INJURY WHILE PARTICIPATING IN A CHURCH ACTIVITY.

I UNDERSTAND THAT IF I DO NOT HAVE MEDICAL INSURANCE, I, AS THE PARENT OR GUARDIAN, WILL BE RESPONSIBLE FOR ANY MEDICAL EXPENSES IN THE EVENT OF A SICKNESS AND/OR INJURY.

****PLEASE COMPLETE BOTH SIDES AND SIGN**

I UNDERSTAND THAT IN CASES INVOLVING ACCIDENTAL INJURY, THE CHURCH'S (BROADWAY BAPTIST CHURCH) OWN LIABILITY INSURANCE POLICY WILL BE SECONDARY TO AN INDIVIDUAL'S OWN PERSONAL MEDICAL INSURANCE POLICY, AND WILL BE CONSIDERED A SUPPLEMENTAL POLICY TO TAKE CARE OF ONLY THAT PORTION NOT TAKEN CARE OF BY THEIR OWN INSURANCE POLICY.

SIGNATURE OF PARENT/GUARDIAN

_____/_____/_____
DATE

THE FOLLOWING IS TO BE COMPLETED BY THE NOTARY WITNESSING PARENT/GUARDIAN'S SIGNATURE

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, 20 _____

NOTARY PUBLIC: _____ COMMISSION EXPIRATION: _____

NOTARY PUBLIC, SIGNATURE

(SEAL)

****PLEASE COMPLETE BOTH SIDES AND SIGN**



WAIVER AND INDEMNITY AGREEMENT (PARTICIPANT/PARENT/GUARDIAN)

Program/Activity: BSM SUMMER CAMP ON JUNE 20th, 21ST, 22ND, 23RD, & 24th OF THE YEAR 2022,
LOCATED AT SKY RANCH IN QUAPAW, OKLAHOMA

Name of Participant: _____

In consideration of your accepting me or my child for participation in the above named program, activity, or sport, I hereby, for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages that I may have against BROADWAY BAPTIST CHURCH and its agents, employees, representatives, successors and assigns for any and all injuries suffered by myself or my child that arise out of the above named program, activity, or sport sponsored by BROADWAY BAPTIST CHURCH.

I warrant that I have the right to authorize the foregoing and do hereby agree to hold BROADWAY BAPTIST CHURCH harmless of and from any and all liability of whatever nature, which may rise out or result from such participation.

For the consideration stated above, I further agree that in the event that my child or I should make any claim against the church (BROADWAY BAPTIST CHURCH) for damaged arising out of the above named program, activity, or sport. I will personally indemnify, defend, and hold harmless the church (BROADWAY BAPTIST CHURCH) and its agents, employees, representatives, successors, and assigns against any and all loss and damage occasioned thereby, including attorney's fees.

I have read and understand this agreement and have willingly placed my signature below as evidence of my acceptance of all the conditions contained herein.

SIGNATURES:

Participant: _____ Date _____
(If Participant is not a minor)

Parent: _____ Date _____
(If Participant is a minor)

Guardian: _____ Date _____
(If Participant is a minor)

****PARENTS: SCAN QR CODE TO FILL OUT SKY RANCH WAIVER ONLINE!!!**

