

**Upper Cross Roads Baptist Church**  
**Youth Medical/Liability Release & Parental Consent Form**

Effective Dates: September 1, 2019 to August 31, 2020

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Parent/Legal Guardian Names \_\_\_\_\_

Parent's Email Address \_\_\_\_\_

In Emergency, Notify \_\_\_\_\_ Phone \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ Phone \_\_\_\_\_

**Health History** (Please check all that apply.)

Allergies: ( ) Insect stings/bites  
( ) Medications (If checked, list medications below)

Known Conditions: ( ) Heart Condition ( ) Frequent Colds ( ) Hay Fever ( ) Asthma  
( ) Epilepsy ( ) Diabetes ( ) Frequent Stomach Issues ( ) Physical Challenges

If you checked any of the above, please give details (including normal treatment of allergic reactions):

Date of last tetanus shot \_\_\_\_\_

Name and dosage of any medication that must be taken:

Medication _____	Dosage _____
Medication _____	Dosage _____
Medication _____	Dosage _____

Swimming Restrictions: ( ) Yes ( ) No      Activity Restrictions: ( ) Yes ( ) No

Give a detailed explanation of restriction \_\_\_\_\_

Do you have health insurance? ( ) Yes ( ) No

Name of Company or Plan: \_\_\_\_\_ Policy # \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

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**MEDICAL RELEASE:** "In the event that we cannot be reached in any emergency during the dates specified on this form, we hereby give our permission to the physician or dentist selected by the church leadership to hospitalize, to secure proper treatment, and/or order an injection, anesthesia, or surgery for our son or daughter as deemed necessary."

**LIABILITY RELEASE:** Every activity sponsored by Upper Cross Roads Baptist Church is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parents or guardians agree to assume and accept all risks and hazards inherent in church-related social activities. They also agree not to hold this church or its employees or volunteer assistants liable for damages, loss or injuries to the person or property of the within-named minor. The parents or guardians understand that they are signing for the minor listed on this form and the signature is for both a medical and liability release.

"We further understand, and agree by signing this form, that in case of illness, medical condition or other necessary circumstances that would warrant the above-named minor to be sent home, we will bear the responsibility to pick up and transport the minor from the activity site."

**NOTE:** Our church's insurance is only secondary insurance. If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your son or daughter is on a church-related activity.

**Both Parent/Guardian Signatures:** \_\_\_\_\_  
\_\_\_\_\_

**PARENTAL RELEASE/CONSENT:**

**Website Release:** I grant permission for my child's picture and/or name to appear on the Youth Group, Upper Cross Roads Baptist Church, or related websites. I understand that it is the church policy not to post the **full** name (first and last) on the website.

**Please Initial:** \_\_\_Yes \_\_\_No

**Video Release:** I grant permission for my child to have his or her picture taken during youth/church activities and shown to church or youth group; or displayed on the youth group or church related websites; or made into a video/DVD available for the UCRBC/youth group members to watch/own.

**Please Initial:** \_\_\_Yes \_\_\_No

**Photo Release:** I grant permission for my child to have his or her picture taken during youth/church activities and posted on the youth, church or related websites; or in a printed publication produced by UCRBC or youth group; or displayed a UCRBC (bulletin board, youth room wall, etc.)

**Please Initial:** \_\_\_Yes \_\_\_No

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**Privacy Policy:** Information on this form is kept private and for youth group/UCRBC staff and insurance/liability/legal purposes only.

If you have any questions or concerns about anything related to this form, please contact:  
Upper Cross Roads Baptist Church, 410-557-6963, ucrbaptist@ucrbaptist.org