

**Lighthouse Baptist Church 6220 Highway 220 S, Asheboro, NC 27205 (336) 873-8011
Michael Poindexter, Pastor**

Family Medical Release Form/Blanket – Permission Form

Home Address: _____

Name of Parent(s)/Guardian(s): _____

Participation Information:

Child's Name (first name, last name)	Birthdate	Special Information (allergies including food)

Medical Information:

Name of Insurance Company: _____

Policy Number: _____

Group Number: _____

Name of Physician: _____ **Physician's Phone:** _____

Emergency Contact Information:

Home Phone Number: _____

Parent(s) Cell Number: _____

Emergency Contact #1:

Name: _____ **Phone:** _____ **Relation:** _____

Emergency Contact #2:

Name: _____ **Phone:** _____ **Relation:** _____

Parental Release:

In signing this form, I hereby certify that the above information is correct and give permission for my child to participate in activities with Lighthouse Baptist Church. I give permission for the release of medical records to an attending physician in case of injury or illness. In the case of a medical emergency, I understand that every effort will be made to contact me and the other contacts that I have listed on this form. In the event that I cannot be reached, I give permission to the physician attending my child to hospitalize and/or secure proper and necessary treatment for my child as named herein. I hereby agree that no liability is assumed by the Lighthouse Baptist Church, or its leadership, for claims which may arise out of church activities. I (we) release, discharge and agree to hold harmless Lighthouse Baptist Church, it's staff and volunteers from any and all liability, claim or demands for personal injury, illness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by us and/or my (our) child while my (our) child is participating in church related activities (including transportation to and from events), hereby assuming all risk of personal injury, illness, death, damage and expense as a result of participation. I (we) have fully read this form and sign voluntarily with knowledge of it terms and conditions.

(Parent/Guardian Signature)

(Date)