



EMERGENCY INFORMATION:

Child's Name: _____

Child's SSN: _____ age: _____ grade: _____

Pediatrician and phone number: _____

Allergies: _____

Medications currently taking: _____

Parent's/Guardian's name: _____

Parent's/Guardian's Birth Date: _____

Parent's/Guardian's SSN: _____

Place of employment: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Emergency contact name (other than parent) and contact number:

Insurance Company: _____ Policy No. _____

*Please keep this form up to date if there are any changes in the information above.

GENERAL RELEASE/HOLD HARMLESS AGREEMENT

As the parent or legal guardian of the above child:

1. I acknowledge that the child above desires to participate in the programs, events or activities (hereinafter collectively referred to as "Activities") operated, sponsored or attended by Rose of Sharon Baptist Church (hereinafter referred to as the "Church") and The Children's Ministry of Rose of Sharon Baptist Church.

2. I acknowledge that participating in the activities operated, sponsored or attended by the Church and Children's Ministry will frequently involve transportation to and from various locations.
3. I hereby give consent for the above child to participate in the activities and authorize the Church and Children's Ministry to transport the above child to and from various locations for the activities.
4. I give permission for the above child to ride in any vehicle, deemed suitable by the adult in whose care the above student has been entrusted, while attending and participating in activities operated, sponsored or attended by the Church and Children's Ministry.
5. In the event the above child is injured while participating in activities or while being transported, I do hereby authorize and consent to any X-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care rendered under the general supervision and the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis/treatment is rendered at the office of said physician or said hospital.
6. I acknowledge the undersigned shall be liable and agree to pay all cost and expenses incurred in connection with any such medical and dental services rendered to the above child pursuant to this authorization.
7. I understand that should it be necessary for the above child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.
8. In consideration of the Church and Children's Ministry allowing the above child to participate activities, I do hereby release and forever discharge the Church, Children's Ministry, their officers, directors an employees, agents and any parties volunteering on behalf of the Church or Children's Ministry from all actions, claims, damages, costs, expenses or damages of any nature whatsoever arising from or in connection with participation in or transportation to or from activities.
9. As the undersigned, I understand it is my responsibility to update the Emergency Information contained in this Permission and Medical Release Form as necessary.
10. By turning this document in to the Children's Pastor, you are giving Rose of Sharon Baptist Church permission to post pictures of your child on Social Media, the ROSBC website and any other promotional material. If this is a problem, please notify the Children's Pastor.

Signature of Parent/Guardian

Print Name of Parent/Guardian

Relationship: _____ Date: _____

Notary Public

On this date the person(s) who are signed above personally appeared before me in my presence and executed this authorization and medical release form.

Witness my hand and official seal this date (_____).

_____ Notary Public NOTARY SEAL

My commission expires _____.