

BETHEL COMMUNITY CHURCH
Release of Liability & Consent for Medical Treatment

Name _____ Birthdate _____ Sex _____ Age _____
Address _____ City _____ State _____ Zip _____

EMERGENCY INFORMATION

Father's Name _____ Primary Phone # _____
Mother's Name _____ Primary Phone # _____

In an emergency when parent/guardian can't be reached or is not applicable, please contact the following:

Emergency Contact _____ Relationship _____
Home Phone _____ Cell Phone _____

Name of Physician _____ Phone _____

Known allergies _____

Medicine Allergies _____

Other medical information (i.e.) current medications, diet restrictions, etc...

Name of Insurance Policy Holder _____ Phone # _____

Insurance Company Name _____ Policy # _____

Address _____ City _____ State _____ Ph _____

I, _____, hereby willingly consent to have my child _____
attend activities operated by Bethel Community Church. In the event that my child is injured while attending
activities and require the attention of a doctor, I consent to any reasonable medical treatment as deemed
necessary by a physician. In the event treatment is called for, which a physician and/or hospital personnel
refuses to administer with out my consent, I hereby authorize the lead adult of the group, or a member of
the Bethel Community Church leadership to give such consent for me.

In the event it becomes necessary for that person to give consent for me, I agree to hold such person free
and harmless of any claims, demands, or suits or damages arising from the giving of such consent so long as
the treatment is administered by or under the supervision of a physician. I also acknowledge I that will be
ultimately responsible for the cost of any medical care should the cost of that medical care not be
reimbursed by the health insurance carrier.

In signing this form, I also agree not to hold Bethel Community Church, its officers, employees, or other
agents liable for any injury, death, loss, damage, or accident that my child might encounter while on their
activity.

Further, I affirm that the health insurance information provided is accurate at this date and will, to the best of
my knowledge, still be in force at the time of the activity.

*****This release form is in effect January 1st 2023, thru December 31st 2023.***

Parents/Guardians Signature _____ Date _____

Participant's Signature (If 18 or older) _____ Date _____