

Cave Spring Baptist Church
Child/Student Medical Authorization and Travel Release Form

Child/Student Name: _____

Date of Birth: _____ ☐ Male ☐ Female

Parent/Guardian Name: _____

Home Phone: _____ Work Phone: _____

Email: _____

Family Insurance Company: _____ Policy #: _____

Allergies: _____ Food: _____

Medicine: _____

Current Medications Taking: _____

Other Relevant Medical History: _____

AUTHORIZATION TO MONITOR MEDICATION:

I, undersigned, grant Cave Spring Baptist Church staff and adult volunteers' permission to monitor my child to verify oral prescription medication is being taken, if onsite nurses are not available. If onsite nurses are available, they will handle all medication responsibilities. The medication shall be in the original container and all instructions must be legible. Cave Spring Baptist Church staff and volunteers are not allowed to administer medication.

SICKNESS/INJURY MEDICAL AUTHORIZATION:

I, undersigned, grant Cave Spring Baptist Church staff and adult volunteers' permission to obtain and/or authorize medical attention for my child in case of sickness or injury and to do all things for and in my name with full authority to sign all papers or documents while in their care.

LIABILITY RELEASE:

I have given permission for _____ (*child/student*) to participate in the activities of the children/youth group of Cave Spring Baptist Church. I understand they will be traveling to/from the activity. I further agree to release Cave Spring Baptist Church and its workers from any liability in the event of any injuries, accidents, or illnesses incurred during these activities.

This document will remain in force until it is revoked (in writing) or replaced by me. The undersigned further states that this Release Authorization has been carefully read by the undersigned.

Signed: _____ Date: _____
(Do not sign except in presence of Notary)

Signature of Notary Public: _____

My Commission Expires: _____

Date: _____

Seal of Notary: