

Emergency Medical Release & Liability Waiver

Eudora Baptist Church

525 West 20th Street, Box 703, Eudora, KS, 66025

Bus. (785)542-2734 - Fax (785) 542-2037

churchoffice@eudorabc.org - www.eudorabc.org

Participant's Name _____ Gender _____ Birth Date ____/____/____

Address _____ City _____ Zip _____

EMERGENCY INFORMATION

Parent/Gardian Name(s) _____

Phone #'s: Home _____ Cell _____ Other _____

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

Name _____ Home Phone (____) _____ Cell (____) _____

Name _____ Home Phone (____) _____ Cell (____) _____

Medications (if any) _____

Allergies (if any) _____

Any Medical Conditions we need to be aware of _____

Physician _____ City _____ State _____ Phone (____) _____

Insurance Company _____

Policy Holder's Name _____ Policy Number _____

Mailing Address to submit claims: _____

THIS AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT MUST BE COMPLETED BEFORE PARTICIPANT CAN PARTICIPATE IN ACTIVITIES. TREATMENT FOR INJURY WILL BE BASED ON INFORMATION PROVIDED HEREIN.

I request that in my absence the above-named student be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I agree to be responsible financially for the reasonable cost of such assistance and/or treatment and not hold Eudora Baptist Church responsible. Until I am able, Eudora Baptist Church will have temporary power of attorney. This form is good for one year upon date and signature.

Parents/Guardians Signature _____ Date ____/____/____

(Parents/Guardians' Signature is required if participant is under the age of 18)

Participant's Signature _____ Date ____/____/____

(Participant's Signature is required)