

**The Core Program
2024-2025**

Medical and Liability Release Form

Student Name: _____ Birthdate: m _____ d _____ y _____

I give permission for my above-named child to attend Core Classes at Broadway Baptist Church for the 2024-2025 academic year. I release the instructors, Broadway Baptist Church, The Core Leadership, and any and all other volunteers from responsibility and liability for any injury or illness that my child may sustain during this activity.

In the event of any emergency, I authorize the instructors or the parent volunteers I have released responsibility to, to act as an agent for me, if they are unable to reach me, to consent to any emergency medical treatment necessary either at a doctor's office or hospital. I expect to be contacted as soon as possible in case of an emergency.

Parent/Legal Guardian Signature:

_____ Date: _____

Medical Information

COMPLETED by PARENT/LEGAL GUARDIAN

PLEASE PRINT

Parent(s)/Legal Guardian Name: _____

Home Phone: (_____) _____ Cell: (_____) _____

Student's Emergency Contact Person: _____

Emergency Contact Phone #: _____ Relationship to Student: _____

Medical Insurance Company: _____

ID # _____ Group # _____ Plan # _____

Member's Name: _____ Employer: _____

Student's Doctor: _____ Doctor Phone _____

Student's General Health: _____ Medical Conditions: _____

Drug Allergies: _____ Food Allergies: _____

Current Medications: _____

Additional Comments: _____

Parent(s)/Legal Guardian Signature(s):

_____ Date: _____