

## 2009 GRR 42<sup>ND</sup> ANNUAL ASSEMBLY NURSERY AND CHILD CARE MEDICAL RELEASE FORM

### Emergency Contact Information

\_\_\_\_\_  
Parent's/Guardian's Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

/\_\_\_\_\_  
ST

/\_\_\_\_\_  
Zip Code

(\_\_\_\_)\_\_\_\_\_  
Home Phone

(\_\_\_\_)\_\_\_\_\_  
Cell Phone

### Names of Children Attending Annual Assembly

\_\_\_\_\_  
Youth's Name

\_\_\_\_\_  
Age

M F  
Sex

\_\_\_\_\_  
Allergies/Special Health Considerations

\_\_\_\_\_  
Youth's Name

\_\_\_\_\_  
Age

M F  
Sex

\_\_\_\_\_  
Allergies/Special Health Considerations

\_\_\_\_\_  
Youth's Name

\_\_\_\_\_  
Age

M F  
Sex

\_\_\_\_\_  
Allergies/Special Health Considerations

\_\_\_\_\_  
Youth's Name

\_\_\_\_\_  
Age

M F  
Sex

\_\_\_\_\_  
Allergies/Special Health Considerations

\_\_\_\_\_  
Youth's Name

\_\_\_\_\_  
Age

M F  
Sex

\_\_\_\_\_  
Allergies/Special Health Considerations

\_\_\_\_\_  
Youth's Name

\_\_\_\_\_  
Age

M F  
Sex

\_\_\_\_\_  
Allergies/Special Health Considerations

### Medical Information

\_\_\_\_\_  
Physician's Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Policy Number

The above information is accurate and complete to the best of my knowledge. I will not hold any agents, employees, and/or representatives of the American Baptist Churches of the Great Rivers Region responsible for any errors or omissions that I may have made in the completion of this form.

I hereby authorize the designated ABC/GRR Annual Assembly Youth Worker(s) to obtain necessary emergency medical treatment, as they deem necessary for the welfare of my child/children if I cannot be immediately reached at the time an emergency should it occur during the American Baptist Churches of the Great Rivers Region Annual Assembly.

I give permission for my child/children to participate in on-site and/or off-site activities. I release ABC/GRR Annual Assembly and individuals from liability in case of accident during activities related to ABC/GRR Annual Assembly, as long as normal safety procedures have been taken on **OCTOBER 30-31, 2009.**

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date