



The Connection

2018-2019 Medical Waiver Form

Family Information, please print

Students attending The Connection for the 2018-2019 school year:

Student's Name: _____ Birth Date: _____

Medical Concern: _____ Medication: _____

Student's Name: _____ Birth Date: _____

Medical Concern: _____ Medication: _____

Student's Name: _____ Birth Date: _____

Medical Concern: _____ Medication: _____

Contact Information

Mother's Name: _____ Mother's contact #: _____

Father's Name: _____ Father's contact #: _____

Home Phone: _____ Cell#: _____ Alt. #: _____

Complete Mailing Address: _____

Family physician: _____ Phone Number: _____

Insurance Company: _____ Policy / group #: _____

Telephone #: _____

Additional insurance information needed in case of an emergency: _____

Emergency Contact: _____ Phone: _____

Waive and Release Statement

I hereby give my permission for my child/ren listed above to take part in *The Connection* sponsored classes. I authorize any representative of *The Connection* to render immediate first aid to my child and/or to transport him/her to a medical treatment facility and/or to call ambulance. It is understood that all costs for transportation arrangements and costs associated with examination and treatment are SOLELY at my expense. I further give my permission and authorize any representative of *The Connection* to secure needed medical attention or treatment on the advice of any licensed physician and from a licensed physician, hospital, or medical clinic in the event that I cannot be reached for such permission. I release any representative of *The Connection* and/or *Collierville First Baptist Church, Byhalia Road, Collierville, TN 38017* as a group or individually from any and all liability for accident, injuries, or loss of life suffered or for efforts to administer first aid for same as a result of involvement with *The Connection* classes and activities. I further understand and agree that in the event that the above-named sons/daughters are involved in activities that violate or compromise the rules, or purposes of *The Connection* or *Collierville First Baptist Church*, I will pay and accept full responsibility. I understand that I am responsible for how my child arrives and leaves the campus. I have read and understand this Medical Release and Waiver. I accept and assume any and all risks of accident, injury, or loss of life associated with the activities of *The Connection*. This release is valid and irrevocable for the current calendar year of *The Connection* activities.

Signature: _____ Date: _____

Relationship to Student(s): _____