



**EBENEZER**  
BAPTIST CHURCH

# Minor - Release Form

Ebenezer Baptist Church \* 524 S. Ebenezer Rd \* Florence, SC 29501 \* (843) 669-1802

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Legal Guardian's Name (if different from above) \_\_\_\_\_

Home Phone \_\_\_\_\_

Email: \_\_\_\_\_

**Father's Contact Info**

**Mother's Contact Info**

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Additional Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Physician Name \_\_\_\_\_

Physician Phone \_\_\_\_\_

Orthodontist/Dentist \_\_\_\_\_

Dentist Phone \_\_\_\_\_

Allergies (e.g. medications, food, insect / bites)

Date of Last Tetanus Immunization \_\_\_\_\_

\_\_\_\_\_

Insurance Carrier \_\_\_\_\_

\_\_\_\_\_

Primary Policy Holder \_\_\_\_\_

Special Medications \_\_\_\_\_

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

\_\_\_\_\_

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

Other Important Medical Information \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please attach a copy of both sides of your insurance card**

Please complete the reverse side.  
→

- I (we) hereby give permission for my (our) child to attend and participate in activities sponsored by Ebenezer Baptist Church.
- I (we) hereby authorize Ebenezer Baptist Church and its acting leaders to teach and lead my (our) child in religious lessons and services which include prayer and Bible teaching.
- I (we) hereby authorize leaders and authorized adult chaperones of Ebenezer Baptist Church to transport my(our) child to and from church related events.
- I (we) hereby authorize leaders and adult chaperones of Ebenezer Baptist Church to take my (our) child to receive any necessary medical treatment in the event of an emergency and in which neither parent can be reached.
- I (we) hereby authorize leaders and adult chaperones from Ebenezer Baptist Church to dispense to my (our) child necessary over-the-counter medications (according to proper dosage instructions) when deemed necessary.
- The undersigned adult shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.
- Should it become necessary for my (our) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.
- I (we) hereby, forever discharge and agree to hold harmless Ebenezer Baptist Church and the director thereof from any and all liability, claims or demand for personal injury, sickness or death, as well as property damages and expenses, of any nature whatsoever which may be incurred by the undersigned adult and the child-participant that occur while said child is participating in any trip or activity with Ebenezer Baptist Church.
- The medical consent and liability waiver provisions hereof shall remain in full force throughout 2021/2022 and in effect until written notice of revocation or withdrawal is received by Ebenezer Baptist Church at its office. It is the responsibility of the parent or guardian to notify the church of any changes in medical condition, guardianship, address or phone change in writing to the address listed at the beginning of this form.

Father's Name \_\_\_\_\_

Father's Signature \_\_\_\_\_

Date: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(If different from above)

Legal Guardian's Name: \_\_\_\_\_

Legal Guardian's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Notary Information**  
**The Notary Seal is required**

Taken, subscribed and sworn to before me, a Notary Public, in and for the County of Florence, SC on this:

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_, Notary Public for the State of South Carolina.

My Commission Expires: \_\_\_\_\_