

First Baptist Church, Albany, GA
Waiver of Liability/Authorization for Treatment

I, _____, the undersigned parent or legal guardian of the minor listed below, do hereby release and discharge First Baptist Church of Albany, GA and its authorized representatives and staff from all liability of any kind and character upon any claim, demand or cause of action which might be asserted on behalf of said minor against said church representatives or staff. Furthermore, in the event of an accident, if the said staff and representatives are unable to contact the parent or guardian, I do authorize First Baptist Church of Albany, GA, and its authorized representatives and staff to consent to any x-ray, examination, medical, surgical, or dental diagnosis or treatment and hospital care to be provided to the below named minor under either general or special supervision and upon the advice of a physician, surgeon or dentist licensed to practice medicine.

In giving this consent I recognize and understand that in situations where the below named minor should require immediate medical or available alternative treatments or procedures, if any, or to evaluate the risk attendant upon same, and the risk attendant to foregoing all treatment; in such situation, I hereby authorize a physician, surgeon, or dentist to exercise professional judgment and to evaluate the risks involved and to select the necessary treatment from any available alternatives and to provide such care and perform such treatment as that physician, surgeon or dentist in his professional judgment deems necessary to assure the health and safety of the below named minor.

Name of Minor _____ Age _____

Address _____

Family Physician _____

Insurance Company:

Policy or Group #:

Signature of Parent/Legal Guardian _____

Date _____

Notary Public

On this date the person(s) who are signed above personally appeared before me, being personally known by me, and in my presence executed this authorization and release form. Witness my hand and official seal this date (____/____/____).

_____ Notary Public

My commission expires ____/____/____.