

## RELEASE FORM

- 2. I hereby authorize that the Ashland Avenue Baptist Church leaders that have training as Emergency Medical Technicians or Registered or Licensed Nurses may perform care upon my child in accordance with the level of training they have received as deemed necessary by them.
- 3. I hereby authorize any hospital which has provided treatment to the above named minor to surrender physical custody of such minor to my above named agent upon completion of treatment. This authorization is given pursuant to the Health and Safety Code.
- 4. I hereby release Ashland Avenue Baptist Church of Lexington, Kentucky and its' leaders (both paid and volunteer staff) from liability in case of accident.
- 5. I hereby request the above named agent to carry out discipline deemed necessary for my child. I also agree to pay the expenses of my child's trip home because of disciplinary action.
- 6. These authorizations shall remain effective until revoked in writing and delivered to said agent.

Signature				Date_		
Check box:	PARENT LI PERSON HAVIN		IAN JSTODY (explain:_			
STUDENT 1	INFORMATION:					
Name		Social Security Number				
Address						
CityState7		Zip Code	CountyDate of Birth		f Birth	
Medical Info	rmation: (Please ch	eck and specify	any past history or	r condition)		
Aller	giesAsthma	ı Diabe	tesHeart Co	ondition	Hypoglycemia	
Epile	psy or other nervou	s disorders	OtherL	ast year of To	etanus Shot	
Explanations	s:					

<u>PARENT/GUARDIAN INFURIMA</u>	<u>MION</u>	
Home Phone #	Cell Phone #	
	Work Phone #	
Employer		
Mother's Name	Work Phone #	
Employer		
Medical Insurance Carrier	ID#	
	Phone #	

Please print form, sign and return to church office.