

**Edgewood Baptist Church  
3564 Forrest Road  
Columbus, GA 31907  
(706) 561-7954**

**Children's Ministry Release Form**

I, the undersigned, as parent/guardian of \_\_\_\_\_, do hereby authorize my child to participate in the children's activities sponsored by Edgewood Baptist Church. I will not hold Edgewood Baptist Church or any individual acting on behalf of said church as agent, chaperone, overseer, in any way responsible for any injuries or harm done to my child as a result of, or in conjunction with, said activity. In addition, I hereby authorize Edgewood Baptist Church or any agent, chaperone, or representative of the said church to seek medical attention for my child should it be needed as a result of injuries or sickness. Neither Edgewood Baptist Church nor any agent thereof shall be liable for any medical attention rendered by a doctor, clinic, hospital, nurse, or any other individual or facility as a result of injury or sickness.

\_\_\_\_\_  
(Signature of parent or guardian)

Medical Insurance Company: \_\_\_\_\_ Policy number: \_\_\_\_\_

List any known allergies of child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has child received all immunizations?      \_\_\_\_\_ Yes      \_\_\_\_\_ No

Other: \_\_\_\_\_

\_\_\_\_\_

**Complete and return this form to Laurie Money, Children's Director. This form must be on file before child can participate in KSW activities.**

