



2022-23 MEDICAL AUTHORIZATION FORM

CHILD(REN) INFORMATION:

First Child's Name (First/Middle/Last)

Date of Birth (mm/dd/yyyy)

Second Child's Name (First/Middle/Last)

Date of Birth (mm/dd/yyyy)

Third Child's Name (First/Middle/Last)

Date of Birth (mm/dd/yyyy)

Fourth Child's Name (First/Middle/Last)

Date of Birth (mm/dd/yyyy)

INSURANCE INFORMATION:

Primary Insurance Company

Policy Number

Phone Number

Insurance Company Address

Name of Policy Holder

Employer

Date of Birth (mm/dd/yyyy)

Name of Primary Physician

Phone Number

Date of Last Medical Exam or Physical

Date of Last Tetanus Shot

EMERGENCY CONTACT INFORMATION:

1st Contact Name (First/Middle/Last)

Best Contact Phone

Relationship

Address

City

State

Zip Code

2nd Contact Name (First/Middle/Last)

Best Contact Phone

Relationship

Address

City

State

Zip Code

WAIVER OF LIABILITY RELEASE:

I give permission for our (my) child(ren) registered for any and all weeks of BAC At The Ridge to attend and participate in BAC activities this year Including, but not limited to: activities, indoor activities, and outdoor activities. I also hereby give permission for our (my) child(ren) to ride in any vehicle driven by an approved adult leader while attending and participating in activities sponsored by BAC. My child and I understand that seat belts will be worn at all times during transportation. All photos, videos, and audio tapes of my student captured by BAC At The Ridge are used for promotional purposes such as brochures, videos, web pages, etc.

In consideration of BAC At The Ridge allowing my child(ren) to participate in SATR activities, I do hereby release, forever discharge and agree to hold harmless BAC, its directors, employees, volunteers and agents (collectively herein the organization) from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and my child(ren) while involved in activities. I, the parent or legal guardian of my child(ren), hereby grant my permission for my child(ren) to participate fully in BAC activities, including trips away from the facility premises.

Furthermore, I and on behalf of my minor child(ren) hereby assume all risk of accidental personal injury, sickness, death, damage, and expense as a result of participation in recreation and work activities involved therein. Authorization and permission is hereby given to BAC to furnish any necessary transportation (within the limitations of insurance and the law), food, and lodging for my child(ren). I agree to hold harmless and indemnify BAC At The Ridge for any liability sustained by BAC as a result of negligent, willful or intentional acts of my child(ren), including expenses incurred attendant thereto.

STATEMENT OF ACCEPTANCE:

To my knowledge, this health history lists correct and current information on myself. The person herein described has permission to engage in all activities except as noted. I hereby give permission to the person in charge of the trips, events, or activities that I attend that is not on the BAC At The Ridge rented facility for the entire school year. Should a medical emergency arise during my participation in a BAC sponsored trip, event, or activity, I understand that reasonable efforts will be made to contact me or my designated alternate contacts. I consent to the administration of medical treatment and/or surgical procedures deemed necessary under the circumstances. I assume liability for any and all medical expenses that arise from such care. This completed form may be photocopied for any BAC sponsored activity.

I have read, understand, and will comply with the BAC At The Ridge policies and agreements outlined above. My typed name in the box below serves as my legal signature.

Parent/Guardian Name

Signature

Date (mm/dd/yyyy)