



Rocky Hill Baptist Church

Mother's Day Out Ministry

7409 Northshore Drive ♦ Knoxville, TN 37919

Phone 865-691-7685

www.rockyhillchurch.org

MEDICAL WAIVER

I, the undersigned parent or legal guardian of _____, do release Rocky Hill Baptist Church and its Mother's Day Out ministry from any and all liabilities arising from the treatment of any sickness or accident, and any financial responsibility of all medical treatment provided. In the event an emergency arises necessitating medical/surgical attention, and in the event that I am unable to be reached in a timely manner, I grant permission to Rocky Hill Baptist Church Mother's Day Out Ministry to make decisions concerning medical treatment and/or surgery upon my child. In case of minor injury, I authorize MDO staff to provide first aid.

Signature of Parent or Legal Guardian: _____ Date: _____

Insurance Company: _____ Insurance Company Phone #: _____

Member's Name: _____ Policy #: _____

Who should be contacted in case of an emergency? _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Other Number: _____

In case of emergency, please list three people who may be called if we cannot reach you.

_____	_____	_____
Name	Relationship	Phone Number

_____	_____	_____
Name	Relationship	Phone Number

_____	_____	_____
Name	Relationship	Phone Number

If this information changes, please contact the church and complete an updated form.