



FAMILY CHURCH STUDENTS

2018 MEDICAL RELEASE FORM

Student's Name _____ Age _____ Date of Birth _____

Address _____ Grade _____

City _____ State _____ Zip _____

Home Telephone # _____ Parent Cell # _____

Gender - Male / Female | Parent Email _____

T-shirt Size (circle one) - SM M L XL XXL | FC Campus you attend _____

HEALTH HISTORY

- _____ Frequent Infections
_____ Heart Defect/Disease
_____ Convulsions
_____ Asthma
_____ Hypertension
_____ Mononucleosis
_____ Psychiatric Treatment
_____ Respiratory Problems
_____ Bleeding/Clotting Disorders
_____ History of Seizures/ Epilepsy
_____ Operation in the past year
_____ Tetanus Shot (Date: _____)

DISEASES

- _____ Chicken Pox
_____ Measles
_____ German Measles
_____ Mumps
_____ Hepatitis B
_____ HIV

MEDICAL ALLERGIES

- _____ Hay Fever
_____ Poison Ivy
_____ Insect Stings
_____ Penicillin
_____ Other Drugs
_____ Other (Specify) _____

FOOD ALLERGIES

- _____

IN CASE OF EMERGENCY CONTACT:

Name _____ Relationship to Student _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____ Work Phone _____

Name of Insurance Company _____

Policy Number _____ Group ID _____

Billing Address of Insurance Company _____

Claims Phone # on Insurance Card _____ Name of Card Carrier _____

Relationship of Card Carrier to Child _____

Employer Name _____ City, State of Employer _____

If parents cannot be reached in the event of an emergency, call:

Name _____ Phone _____

Relationship _____

Please see reverse side for signature and notary

LIABILITY WAIVER AND RELEASE

As the parent/legal guardian of _____ (print student's full name), I give my permission for him/her to participate in the events, trips, camps and ministries of First Baptist Church of West Palm Beach.

In consideration of he/she being allowed to participate and in consideration of the benefits to be derived therefore, I hereby release the First Baptist Church of West Palm Beach, Florida its present and former trustees, officers, directors, members, employees, agents and their heirs, administrators, executors, successors, and assigns from all claims and liabilities of any kind, whether known or unknown, which arise from or are connected in any way with his/her participation in the afore mentioned activities.

In the event of an emergency, I hereby authorize the leader of these activities, as an agent for me, to consent to: x-ray examination, medical, dental, or surgical diagnosis, treatments, hospital care advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where services are rendered, either at a doctor's office, in a hospital, or on-site. I understand that every reasonable effort will be made to contact me before these actions are taken.

I certify that I am of lawful age and competent to sign the Release, and have done so voluntarily.

I understand that this document constitutes a full and complete waiver of all possible claims for any act or omission, including claims for negligence regarding injury or property damages, arising out of my child's participation in any events, trips, and ministries of First Baptist Church of West Palm Beach.

I understand that this Release applies to, covers, and includes unknown, unforeseen, unanticipated, and unsuspected damages, losses, or liabilities and the consequences thereof, including death, as well as those known to exist. The provision of any state, federal, local, or territorial law or statute providing in substance that releases shall not extend to claims or damages which are unknown or unsuspected to exist at the time are hereby expressly waived by me.

Should any dispute or controversy arise, I agree to seek resolution according to Biblical principles through the Christian Conciliation Service.

This Release will remain in effect for all activities from the signed below through **December 31, 2018**, at which time a new release should be submitted for continued participation.

PARENT/GUARDIAN RELEASE

As the parent/legal guardian of _____ (print student's name), I give my permission for him/her to participate in the events, trips, and ministries of First Baptist Church of West Palm Beach. I HAVE READ THIS LIABILITY WAIVER AND RELEASE AND AGREE TO ITS CONTENTS. In the event of an emergency, I give my permission to a licensed physician, nurse, or EMT to hospitalize, anesthetize, or perform surgery on my child named above. I understand that every effort will be made to contact me before these actions are taken.

PARENT:

Signature:

Date:

Relationship to student:

NOTARY:

State of _____

County of _____

Sworn to and subscribed to me this

_____ day of _____, 20_____.

Signature _____

My commission expires: (Stamp here)