

2017-2018 MEDICAL AND LIABILITY RELEASE FORM

Please Print

Name _____ Birth Date _____ Grade Completed _____

Telephone _____ School _____ Male ___ Female ___

Name of parent/guardian _____

Address _____ City _____ Zip _____

Phone Numbers:

Work (Mom) _____ (Dad) _____ Cell (Mom) _____ (Dad) _____

Persons (relationship) to contact in case of an emergency (other than parent/guardian):

1. _____ (_____) Home _____ Work or cell _____

2. _____ (_____) Home _____ Work or cell _____

Vital STUDENT Information (including allergies, dietary, chronic reoccurring conditions, etc):

(If more space needed for vital information, please staple another sheet to back of this form.)

Penicillin and/or any other drug reaction: ___ Yes ___ No If applicable, please list below:

Dates of last immunizations: Tetanus _____ Diphtheria _____

Camper's Physician _____ Phone _____

Does this student/child regularly take medication? ___ Yes ___ No If yes, please list:

_____ For what condition: _____

(Only prescription medication in the original container and properly labeled may be administered.)

INSURANCE INFORMATION AND ASSIGNMENT

Name of Insured _____ Address _____

Employer _____ Insurance Co. & Phone _____

Mail claim to: _____

Policy # _____ Group # _____ Cert. or SS# _____

X _____

Signature of Insured

I, _____, give my permission for _____ to attend FBC Rusk and FBC Rusk activities and will not hold FBC Rusk or its volunteers responsible for any accident that may occur. I also give permission for my student/child to receive medical treatment or attention in case of emergency or illness while traveling or under the supervision of FBC Rusk and sponsors. I further give full authority to this Church's staff and sponsors to discipline my youth as may be deemed necessary. If my youth's behavior is such that it may endanger the happiness or the safety of the entire group, the counselors have my permission to send my student/child home after notifying me of their intention. I promise to pay the cost of the return trip should this action become necessary. I expressly understand and acknowledge that during the course of the FBC RUSK activities photographs or video footage of my child may be taken and I hereby give permission for such photographs or videos to be used on the FBC Rusk website and/or for promotional materials for the Church.

X _____

Signature of Parent/Guardian

Date

Telephone Numbers

*Participant and guardian, read and sign reverse side of form. Parent, read and sign **BOTH** sides of this form!*