

Student Medical Consent and Liability Waiver Form

(To be completed by parent or legal guardian)

Please print in ink and attach a photo copy of the student's medical insurance card (front and back).

Student: Last Name _____ First Name _____ Date _____

Date of Birth _____ Gender _____ Student's Email _____

Address _____ City _____ State _____ Zip _____

Mother's name _____ Phone: Home _____ Work _____

Father's name _____ Phone: Home _____ Work _____

Emergency contact _____ Phone: Home _____ Work _____

Physician _____ Office phone _____

Dentist _____ Office phone _____

Medical History & Insurance Information

Medical Insurance Provider: _____

Policy/Group ID# _____ Name of Insured: _____

Does your child have any allergies (i.e. pollens, medications, foods, insect bites)? **Please indicate Yes or No:** _____

If Yes, please describe allergy and treatment (use additional sheets to explain if needed): _____

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Include names of medications and dosages that must be taken. Please explain (use additional sheets to explain if needed): _____

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, skiing, snowboarding, hiking, concerts, Bible studies, miniature golf, hayrides, student conferences, rock climbing, lock ins, mission trips, service projects, small group trips, sleepovers, paintball, and more. ***Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church office "Attention: Family Pastor" prior to that event.***

The undersigned do(es) hereby give permission for our (my) child(ren) ("Participant"), to attend and participate fully in ministry activities, including trips away from an event's premises sponsored by Bush Memorial Baptist Church (BMBC) or it's partners and affiliates.

LIABILITY RELEASE: In consideration of allowing the Participant to participate in ministry activities, we (I), the undersigned, my heirs, executors, administrators, agents and assigns, and all persons, firms or corporations who I may assign any claims to do **HEREBY RELEASE, REMISE AND FOREVER DISCHARGE AND AGREE TO SAVE AND HOLD HARMLESS AND INDEMNIFY** Bush Memorial Baptist Church, its partner churches, affiliates, ministers, deacons, directors, employees, volunteers, members and agents (collectively herein the "Church") from any and all liability, for personal injury, property damage, sickness or death and costs and expenses including but not limited to, attorney's fees, reasonable investigative and discovery costs, court costs, and all other sums of any nature whatsoever for any claim or action founded thereon arising or alleged to have arisen out of the Participants involvement in ministry activities. Furthermore, we (I) [and on behalf of our (my) minor Participant(s)] hereby **assume(s) all risk** of accidental personal injury, sickness, death, damage and expense as a result of participation in ministry activities to include but

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not limited to, recreation and work activities involved therein. The undersigned further hereby agree(s) to hold harmless and indemnify said Church for any liability sustained by said Church as the result of **THE NEGLIGENT, WILLFUL, WANTON, INTENTIONAL OR CRIMINAL ACTS OF SAID PARTICIPANT**, including expenses incurred attendant thereto, to include but not limited to attorney's fees, reasonable investigative and discovery costs, court costs, and all other sums of any nature whatsoever for any claim or action founded thereon arising or alleged to have arisen out of the negligent, willful, wanton, intentional or criminal acts of said participant, while the participant is engaged in ministry activities.

TRANSPORTATION AND LODGING IN CASE OF EMERGENCY: Further, authorization and permission is hereby given to said Church to furnish any necessary transportation (within the limitations of church insurance and the law), food and lodging for this Participant.

MEDICAL TREATMENT PERMISSION: We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned Participant pursuant to this authorization.

EARLY RETURN HOME POLICY: Should it be necessary for the Participant to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

TRANSPORTATION PERMISSION: The undersigned does also hereby give permission for the Participant to ride in any vehicle driven by an approved adult chaperone while attending and participating in activities sponsored by said Church. The Participant and undersigned understand that seatbelts shall be worn at all times during transportation.

MEDIA RELEASE & WAIVER: I consent to my child being photographed, interviewed, and/or videotaped by representatives of said Church and/or media outlets (newspaper, T.V. stations, etc.). Church uses photos of children in congregational publications to share information about said Church. Any images obtained may be reproduced by said church and/or the public media for use in advertising, publicity, or educational activities. Church publications include but are not limited to: the website, advertisements, annual reports, posters, banners, bulletin boards, and other public relations materials. We (I) hereby waive any claims we (I) may have, and release said Church and its employees from liability of claims arising out of such activities.

REVOCATION: The medical consent and liability waiver provisions hereof shall remain in full force and in effect until written notice of revocation or withdrawal is received by BMBC at its office on 605 S George Wallace, Troy, Alabama 36081.

TERM: The above **Medical Consent and Liability Waiver Form** is perpetually valid for so long as the minor is a participant in ministry activities or until such time as it is properly revoked.

DUTY TO REPORT CHANGES: It is the responsibility of the parent or guardian to notify the church of any changes in medical conditions, guardianship, address or phone change in writing.

ACKNOWLEDGMENT: I am at least 19 years old. I am the parent or guardian of the minor that this release addresses. I am of sound mind and body and not under the influence of drugs or alcohol. I acknowledge that I have read this **Medical Consent and Liability Waiver Form**, that I understand it, and that I have agreed to all terms herein. All parents and/or legal guardians shall read and sign below.

After completing this form electronically, please print the form and then sign below where indicated.

Parent or Guardian's name (printed): _____ Date: _____

Parent's Guardian's signature: _____

Parent or Guardian's name (printed): _____ Date: _____

Parent's Guardian's signature: _____

Return this form to:

Bush Memorial Baptist Church
605 South George Wallace Drive
Troy, AL 36081