



FALL CREEK BAPTIST CHURCH ANNUAL MEDICAL RELEASE AND PERMISSION FORM

Effective dates: August 31, 2016 to August 31, 2017

Please print in ink.

Student Name: _____
FIRST LAST DATE OF BIRTH

Grade: 6th 7th 8th 9th 10th 11th 12th Male Female

HOME ADDRESS CITY STATE ZIP

HOME PHONE STUDENT CELL PHONE

MOTHER'S/GUARDIAN'S NAME CELL PHONE EMAIL ADDRESS

FATHER'S/GUARDIAN'S NAME CELL PHONE EMAIL ADDRESS

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, weakness, limitation, handicap, disability, or condition of your child which our staff should be aware, and what, if any action of protection is required. Please submit this in writing and attach it to this form. If needed, include names of medications and dosages that must be taken.

Does your child have allergies to any of the following:

- pollens medications food insect bites bee stings

Please list: _____

Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:

- asthma epilepsy / seizure disorder heart trouble diabetes
 frequently upset stomach physical handicap

(please complete next page)

We expect each student to conform to these rules of conduct:

- No possession or use of alcohol, drugs, or tobacco*
- No fighting, weapons, fireworks, lighters, or explosives*
- No offensive or immodest clothing*
- No romantic displays of affection*
- Respect one another, staff, and adult leaders*
- Respect property*
- Participation with the group is expected*
- Respect and comply with activity schedule*

*At events: No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
Students who fail to comply with these expectations at events may be sent home at their parents' expense.*

STUDENT

I, the student, have read the rules of conduct, and agree to abide by them.

► **Student Signature:** _____ **Date:** _____

PARENT OR LEGAL GUARDIAN

_____ has my permission to attend all youth activities sponsored by Fall Creek Baptist Church from **August 31, 2016 to August 31, 2017**. This consent form gives permission to seek whatever medical attention is deemed necessary, and releases Fall Creek Baptist Church (referred to as FCBC) and its staff of any liability against personal losses of named child. I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by FCBC. This consent includes permission to ride in vehicles driven by FCBC staff and/or adults serving as volunteers and/ or chaperones. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/ we hereby release FCBC, its staff, employees, chaperones, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by FCBC, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we as parents will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/We also agree to bring my/our child home from an event at my/our own expense should they become ill or if deemed necessary by the FCBC staff member.

► **Parent/Guardian Signature:** _____ **Date:** _____

PHOTO RELEASE AND CONSENT

I hereby authorize FCBC to use my child's likeness in photograph(s)/video in any of its publications and in any other media, whether now known or hereafter existing, controlled by FCBC, in perpetuity, and for other use by FCBC. I will make no monetary or other claim against FCBC for the use of the photograph(s)/video.

► **Parent/Guardian Signature:** _____ **Date:** _____

For additional information or questions about this release form or the student ministry of Fall Creek Baptist Church, please contact our church staff.
Scott Stayton, Pastor of Student/Family Ministries, (317) 501-7721, scott@fallcreekbaptist.com
April Reynolds, Administrative Assistant, (317) 841-9770, april@fallcreekbaptist.com