

Country Acres Baptist Church
Student Ministry
8810 W. 10th Street, Wichita, KS 67212
Medical Permission and Release Form 2017-2018

The following information will be used with registration forms completed for any student ministry event. Please take a few moments and complete all information correctly, i.e., check spelling of names, addresses, zip codes, phone numbers, etc.

Student's Name _____ Date Completed _____

Address _____ Parent Cell _____

Age _____ Birth Date _____ Grade _____ Sex (circle) MALE FEMALE

Father _____ Work Phone _____

Mother _____ Work Phone _____

Guardian _____ Work Phone _____

In case of an emergency and a parent cannot be reached, please contact:

Name _____ Phone _____ Relation _____

Required Emergency Medial Information:

Family Physician _____ Office Phone _____

Family Dentist _____ Office Phone _____

Hospital Insurance ____ Yes ____ No Policy Number _____

Primary Insured _____ Name of Insurance Company _____

Insurance Company Telephone Numbers _____

* Please attach a copy of the front and back of your insurance card to be turned in with this form.

Date of last immunization: DPT _____ MMR _____ Tetanus Only _____ Polio _____

Check if child has had: Chicken Pox _____ Measles _____ Mumps _____ Whooping Cough _____

Daily Medication Requirements:

Medicine _____ Prescribed Dosage _____ Time _____

Medicine _____ Prescribed Dosage _____ Time _____

Allergies _____

Other important medical information: _____

I (We) hereby DO _____ or DO NOT _____ consent to the use of blood and/or blood products under the care of a licensed physician in the case of an emergency.

Country Acres Baptist Church and Student Ministries (together with their respective officers, employees and agents) and each volunteer assisting them are collectively designated by the abbreviation "CABC" throughout this entire form and the term "CABC" shall refer to them individually as well as collectively.

- I (we) hereby authorize CABC to take my (our) child to the before named physician or facility for medical treatment in the event of an emergency in which neither parent can be reached after reasonable attempt to do so.
- I (we) hereby give permission for my (our) child to attend and participate in activities sponsored by CABC and/or Student Ministries.
- I (we) hereby authorize CABC to transport my (our) child to or from church and/or any other church related and sponsored activities and events.
- I (we) authorize CABC to include my (our) child in routinely supervised water activities.
- I (we) hereby authorize CABC to consent to any x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care to be rendered to my (our) child under the general or special supervision and on the advice of any physician or dentist representing to be licensed on the medical staff of a hospital or medical care facility, whether such diagnosis or treatment is rendered at the office of said physician or at the said facility or hospital.
- I (we) hereby do authorize CABC to dispense to my (our) child over-the-counter medications (according to proper dosage instructions) when reasonably deemed necessary.
- I (we) do hereby authorize any physician, dentist, hospital, or medical treatment center to treat my (our) child in the case of emergency in which the before named physician or dentist cannot respond.
- The undersigned adult 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 child pursuant to this authorization.
- Should it be necessary for my (our) child to return home due to medical reasons or otherwise, the undersigned shall assume and be responsible for the payment of all transportation costs.
- I (we) hereby release, forever discharge and agree to defend and hold harmless CABC from any and all liability, claims, or demands for personal injury, sickness or death, as well as property damages and expenses of any nature whatsoever which may be incurred by the undersigned adult and the child/participant that occur while said child is participating in any trip or activity with CABC.
- I (we), and on the behalf of my (our) child, hereby assume all risk of personal injury, sickness, death, damage and expenses as a result of participation in recreation and work activities involved therein.
- Further authorization and permission is hereby given to CABC to furnish any necessary transportation, food, and lodging for my (our) child.
- The undersigned further hereby agrees to hold harmless and indemnify CABC from and against any claim against or loss incurred by CABC as a result of the negligent, willful, or intentional acts of my (our) child, including any expense incurred attendant thereto.

I (we) understand and affirm that this medical permission and release form does not impose any duty upon CABC to provide any of the services, transportation, or medical assistance mentioned, listed, or delineated in this form.

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 Country Acres Baptist Church at its office at 8810 W. 10th Street, Wichita, KS 67212. I (we) acknowledge and agree that it is my (our) responsibility to notify Country Acres Baptist Church of any changes in medical condition, guardianship, address or telephone, in writing to the address listed at the beginning of this form.

Student's Name

Father Date

Mother Date

Legal Guardian Date

Notary Public Information – Necessary for All Country Acres Baptist Church Youth Retreats, Conferences, and Travel.

Name: _____ State of: _____

County of: _____

Sworn and subscribed before me this _____ day of _____, 20__

Notary Signature _____ Expires _____

Country Acres Baptist Church Photo Release Form

I hereby give Country Acres Baptist Church of Wichita, KS the right and permission to publish, without charge, photographs taken of me during church related activities and events. These photographs may be used in whole or in part, and may be used in publications and in audio-visual presentations, promotional literature and materials, advertising, website promotions, or in other similar ways. In addition, I grant Country Acres Baptist Church the right to use and incorporate, in whole or in part, video footage taken as a result of my participation in Country Acres Baptist Church activities.

By signing below, you are giving Country Acres Baptist Church permission to take photos and/or video of you for the purposes stated above. In addition, your signature indicates that you wave any right to financial reimbursement for the reproduction of such photos or video, now or in the future.

Name of Participant (please print) _____

Participant's Signature _____ Date
____/____/____

If participant is under the age of 18:

Name of Parent or Legal Guardian (please print) _____

Signature of Parent or Legal Guardian _____ Date ____/____/____

* Country Acres Baptist Church has and will continue to respect its members' privacy by not distributing member names or addresses to anyone for any reason other than Country Acres Baptist related activities.