

first baptist church, hallsville  
medical release form

FULL NAME \_\_\_\_\_ GENDER:  M  F

ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ CELL PHONE \_\_\_\_\_

BIRTHDAY \_\_\_/\_\_\_/\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_ EMAIL \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_ CELL PHONE \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_ CELL PHONE \_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_ OR  I DON'T HAVE INSURANCE

POLICY # \_\_\_\_\_ COMPANY PHONE # \_\_\_\_\_

FAMILY PHYSICIAN'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

FAMILY DENTIST'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

RELATIVE / FRIEND WHO COULD COME FOR YOUR STUDENT OR KNOW WHERE TO REACH YOU

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

MEDICAL INFORMATION

YEAR OF LAST: TETANUS \_\_\_\_\_ POLIO BOOSTER \_\_\_\_\_ MEASLES \_\_\_\_\_ MUMPS \_\_\_\_\_

ANY MEDICAL ISSUES OR ALLERGIES (*drug, food, insect, or natural*) WE NEED TO BE AWARE OF

TAKING MEDICATION ON A REGULAR BASIS?  YES  NO WHAT? \_\_\_\_\_

HOW OFTEN? \_\_\_\_\_ PURPOSE? \_\_\_\_\_

RELEASE AND STATEMENT FOR TREATMENT

I give my permission for the student/person named to participate in all activities sponsored by FBC Hallsville including trips, camps, worship services, Bible study, etc, except for the following activities: \_\_\_\_\_

I declare this health history true and complete to the best of my knowledge and belief, and relieve FBC Hallsville or its agents in any liability for any condition arising out of any omission or failure to disclose any history or condition of the person named in this history and I hereby authorize and direct the leaders and/or sponsors to order any medical tests, examinations, treatment or medical procedure deemed necessary; and to release any records necessary for insurance purposes, and to provide or arrange necessary transportation for the person named.

I give my permission to the physician chosen by the leaders or sponsors to secure and administer treatment, including hospitalization, for the person named herein.

I understand that FBC Hallsville sponsored activities do present the risk of injury, or even death, to the person named herein, and I have advised the person named herein of those possibilities. I represent to you that I and the person named herein assume the risk of any such injury or death, and hold you, your agents, employees, sponsors/chaperones, and representatives harmless from any liability for injury or death to the person named herein while engaged in a FBC Hallsville sponsored activity which is caused or contributed to by the conduct of the participant. I agree to indemnify and defend you against any claim or liability asserted against you for any such injury or death to the person named herein.

I also hold you, your agents, employees, sponsors/chaperones, and representatives harmless from all liability to any other person or entity arising as a result of the conduct of the person named herein and agree to indemnify and defend you, your agents, employees, sponsors/chaperones, and representatives against any claim or liability arising as a result of such conduct.

PARENT / GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I promise to comply with and abide by the rules and/or regulations that may be established for my safety and for the safety of the others on all FBC Hallsville sponsored activities that I participate in. If I do not follow these rules, I realize that I may be returned home from the activity prematurely without a refund. I also realize that my parent/guardians may be asked to come get me, or reimburse the transportation expenses needed to return me home.

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_