

FIRST BAPTIST CHURCH, HALLSVILLE CHILDREN'S MINISTRY MEDICAL RELEASE FORM

CHILD'S FULL NAME _____ GENDER: M F

ADDRESS _____ HOME PHONE _____

CITY _____ STATE _____ ZIP _____ CELL PHONE _____

BIRTHDAY ___/___/___ AGE _____ GRADE _____ EMAIL _____

PARENT/GUARDIAN NAME _____ CELL PHONE _____

PARENT/GUARDIAN _____ CELL PHONE _____

INSURANCE COMPANY _____ OR I DON'T HAVE INSURANCE

POLICY # _____ COMPANY PHONE # _____ Please attach a copy of your current insurance card.

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. I also give permission for photographs to be used in church publication, the church website, and or publications from other organizations as deemed appropriate by FBCH staff or FBCH representatives.

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 _____