

First Baptist Church of Bay St. Louis
Children and Student Ministry - Medical Permission and Release Form
Valid for One Year from Notarized Date – This form MUST be notarized on page two



Student's Name: _____ Age: _____ Birthdate: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Father's name: _____ Home Phone: _____ Alt. Phone: _____

Mother's name: _____ Home Phone: _____ Alt. Phone: _____

Other Emergency Contact: _____ Phone: _____

Other Emergency Contact: _____ Phone: _____

1. List all allergies from which your child may suffer (medications, food, insect bites, etc.):

2. Is your child diabetic? _____ Does he/she take insulin? _____ What type? _____
3. Does your child take any type of medication? _____ If so, for what? _____
Names of medications? _____
4. Has your child ever had surgery? _____ If so, for what? _____
5. Childhood Diseases: ___Chickenpox ___Measles ___Mumps ___Whooping Cough ___Other _____
5. Does your child have any chronic illness (e.g., blackouts, fainting, epilepsy, etc.)? If so, please describe: _____

6. When was your child last vaccinated for tetanus? _____
7. Family physician: _____ Phone: _____
8. In the space below, please provide any additional important medical (or other) information concerning your child which may help our staff minister to him or her more effectively:

9. Is your child a _____ poor swimmer _____ fair swimmer _____ good swimmer

Health Insurance Company _____

Group # _____ Policy # _____

Name of Primary Insured _____ Birthdate of Primary Insured _____

(Please attach a copy of your Insurance card)

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First Baptist Church Children Ministries & volunteers are designated by the abbreviation "FBC" throughout the remainder of this form.

I (we) hereby give permission for my (our) child to attend and participate in activities sponsored by FBC, and authorize FBC to transport my (our) child to and from church or any other church-sponsored activities.

I (we) hereby give permission for my (our) child to be photographed and videotaped in normal ministry settings and in church-sponsored activities.

I (we) hereby authorize FBC and its acting leaders to teach and lead my (our) child in religious lessons and services which may include prayer and Bible teaching.

I (we) hereby authorize any licensed physician or medical treatment center selected by an adult chaperone of FBC to secure proper medical treatment (including hospitalization and surgery) for my (our) child in the case of an emergency.

I (we) hereby DO consent _____ 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.

I (we) hereby DO authorize _____ or DO NOT authorize _____ any adult chaperone of FBC to dispense to my child any necessary over-the-counter medications (according to proper dosage instructions) when deemed necessary.

I (we) hereby DO authorize _____ or DO NOT authorize _____ FBC to include my (our) child in supervised water activities. 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 all transportation costs.

I (we) hereby release, forever discharge and agree to hold harmless FBC and the directors thereof from any and all liability, claims, or demands for personal injury, sickness, or death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned adult that occur while my (our) child is participating in any trip or activity with FBC.

Furthermore, I (we) [on behalf of my (our) child-participant, if he or she is under the age of 18 years] 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 said church to furnish any necessary transportation, food, and lodging for my (our) child.

The undersigned further hereby agrees to hold harmless and indemnify said church, its directors, employees, volunteers and agents for any liability sustained by said church as the result of the negligent, willful, or intentional acts of my (our) child, including any expenses incurred.

I (we) further understand and agree that, in the event that my (our) child be involved in any non-Christian or dangerous activities, I (we) will pay his or her expenses to be sent home immediately at the discretion of the approved sponsors and/or church representatives.

I (we) have supplied, understood, and agree to all the information contained on this Medical Release Form.

Child's Name: _____ Parent/Guardian's Name: _____

Parent/Guardian Signature _____ Date: _____

Notary Public: _____ State of _____ County of _____

Sworn and Signed before me this _____ day of _____ 20_____

My commission Expires _____

Unless Modified Or Terminated In Writing, This Release Shall Be Effective For One (1) Year From The Date Notarized. It is the responsibility of the parent or guardian to notify the church of any changes in medical condition, guardianship, address, or phone change in writing.