

First Baptist Church Medical Release Form

Name: _____ Sex: _____ Grade: _____ Age: _____

Address: _____ City/State: _____ Zip: _____

Birthdate: _____

Parent/Guardian Name: _____

Address: _____ City/State: _____ Zip: _____

Home Phone Number: _____ Work Phone Number: _____

Emergency Contact (other than above:)

Address: _____ City/State: _____ Zip: _____

Home Phone Number: _____ Work Phone Number: _____

Family Physician: _____ Phone Number: _____

Name of Primary Insurance: _____

Policy: _____ Policy Number: _____

Date of last Tetanus Shot: _____

Known Allergies: _____

Medications you will be carrying: _____

Please attach a copy of your insurance card - front and back.

I (We) hereby give our approval for _____ to attend activities with the First Baptist Church. Because taking trips is a risk in itself, we assume all risks and hazards incidental to the conduct of the activities and to and from the area. We do hereby release, absolve, indemnify and hold harmless the First Baptist Church of Heber Springs, the organizers, sponsors, or any of the supervisors appointed to them. We likewise release from responsibility any person transporting our child to and from the activities.

In the event of a medical emergency, every effort will be made to contact the parent or guardian listed above. In the event that the parent/guardian cannot be reached, I hereby authorize First Baptist Church, Heber Springs, to obtain or authorize medical aid from any available physician or nurse for the above named participant, a minor in my guardianship, I also authorize any hospital and any attending physician to treat him/her as may be deemed necessary. We will assume all financial responsibility for the child in our guardianship.

I further state that I have listed above all know allergies and health problems for my child and any other information pertinent to his/her health, including medications he/she takes. I agree to revise this information as it may change from September 2008-August 2009 so that the above reflects the current health status of my child at any given time. I am retaining a copy of this form for my files.

We also assume responsibility and any subsequent consequences for the actions of the above student that would be deemed harmful to other students. We also give First Baptist Church of Heber Springs the permission to post video and/or photos of the above participant on websites and/or presentations to the church; so long as the material is not objectionable, offensive, or embarrassing.

Signed

Relation to minor

This form is good from the time it is turned in until August 31st, 2009