**First Baptist Church Student Ministry**

**Medical Release/Permission Form**

**Student Activities from August 1, 2020 – July 31, 2021**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_ Parent(s) or Guardian(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I (We) give permission for to attend the following activities sponsored by First Baptist Church located at 701 W. 3rd Street:

I (We) assume all risk and hazard incidental to the conduct of the activities and transportation to and from the above activities. I (We) do hereby release, absolve, indemnify, and hold harmless First Baptist Church, the organizers, sponsors, and supervisors from any and all loss, injury or other damage to me (us) on the above named youth arriving out of this trip. In case of injury to my (our) youth, I (we) hereby waive all claims against the organizers, sponsors, or appointed supervisors of the events or against First Baptist Church. I (We) likewise release from responsibility any person(s) transporting our youth to and from the activity. I (We) understand a copy of this form is as valid as the original.

Signature of Parent(s)/Guardian(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To the attending physician and/or hospital:**

Permission is hereby granted for you, at all discretion to the staff of First Baptist Church or their designated representatives, to perform whatever care is necessary for the welfare of my youth until such time as you are able to contact me (us) personally.

Insurance Company/ Health Care Provider: Policy No:

Name of Primary Insurance Holder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Family Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_

List of known allergies:

List of all prescription medication youth will be taking while participating in the above- mentioned actives: (Please state frequency of dosage and if refrigeration is necessary. All prescription medication must be handed to an adult chaperone BEFORE leaving the church campus). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent(s)/Guardian(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public: Com. Expires: