

Central Baptist Church

2501 North Norris St. – Clovis – New Mexico – 88101 – (505)762-4727

Medical Permission and Release Form

Name _____ Date Completed _____

Address _____ Phone _____

City _____ State _____ Zip _____

Age _____ Birth Date _____ Sex (Circle): Male Female

Grade In/Completed (Circle): K 1 2 3 4 5 6 7 8 9 10 11 12

School Attending _____ City _____

Father _____ Work Phone _____

Mother _____ Work Phone _____

Guardian _____ Work Phone _____

In Case Of An Emergency, And Parent Or Guardian Cannot Be Reached, Please Contact:

Name _____ Phone _____ Relationship _____

Family Physician _____ Office Phone _____

Family Dentist _____ Office Phone _____

Hospital Insurance: { } Yes { } No Policy Number _____

Primary Insured _____ SS# _____

Name of Insurance Company _____

Insurance Company Phone Numbers _____

List Date of Last Immunizations: DPT _____ MMR _____ Tetanus Only _____ Polio _____

Check if Student Has Had: Chicken Pox _____ Measles _____ Mumps _____ Whooping Cough

Other

Allergies: Foods _____

Medications _____

Insects/Bites _____

Previous Serious Illness _____

Current Medication(s) _____

Medication Instructions _____

Special Diet _____

Other Important Medical Information _____

***Please attach a front and back copy of your insurance card to be turned in with this form.**

****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.**

Central Baptist Church Children’s Ministries, FUEL Ministries, and Volunteers Are Designated By the Abbreviated “CBC” Throughout This Entire Form

I (we) hereby authorize CBC to take my (our) child to the before named physician or facility for medical treatment in the event of an emergency in which neither parent can be reached.

I (we) hereby give permission for my (our) child to attend and participate in activities sponsored by CBC and the Children’s and Fuel Student Ministries.

I (we) hereby authorize CBC to transport my (our) child to or from church and/or any other church related and sponsored activities and events.

I (we) hereby authorize CBC to include (our) child in supervised water activities.

I (we) hereby authorize CBC 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 an adult, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care to be rendered to the minor under the general or special supervision and on the advise of any physician or dentist licensed under the provisions of the medical practice act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at the said hospital.

I (we) hereby do authorize any leader of CBC to dispense to my (our) child any necessary over-the-counter medications (according to proper dosage instructions) when deemed necessary.

I (we) do hereby authorize any licensed physician or medical treatment center to treat my (our) child in the case of emergency in which the before named physician cannot respond.

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 undersigning shall assume all transportation costs.

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

Furthermore, I (we) [and on behalf of my (our) child-participant if 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 this participant.

The undersigned further hereby agrees to hold harmless and indemnify said church, its directors, employees, and agents for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

The medical consent and liability waiver provisions hereof shall remain in full force and be in effect now or until written notice of revocation or withdrawal is received by CBC at its office on 2501 North Norris, Clovis, New Mexico. 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 to the address listed at the beginning of this form.

DO NOT SIGN WITHOUT NOTARY PRESENT!!!!

_____/_____
Mother Date

_____/_____
Legal Guardian (if parent not Legal Guardian) Date Father Date

Notary Public Information

This instrument was acknowledged before me by (name) _____.

Sworn and subscribed this _____ day of _____, 200___. Notary: _____

State of _____ County of _____ My Commission Expires: _____