

**MEDICAL/PERMISSION/RELEASE FORM
FIRST BAPTIST CHURCH
307 N. LINDSAY, BOWIE, TEXAS 76230**

PLEASE, TYPE OR PRINT.

Full Legal Name of Child _____ Date of Birth _____
Mailing Address _____ City/State _____ Zip _____
Physical Address _____ City/State _____ Zip _____
Phone(_____) _____ Student Cell/Personal Number(_____) _____
Student Email _____ @ _____

Emergency Contact Information

Name of Father/Guardian _____ Relation _____
Home # _____ Work # _____ Cell # _____
Address _____ City/State _____ Zip _____

Name of Mother/Guardian _____ Relation _____
Home # _____ Work # _____ Cell # _____
Address _____ City/State _____ Zip _____

If unable to reach the parents/guardians listed above, whom should be notified?

Name _____ Relation _____
Address _____ City/State _____ Zip _____
Home # _____ Work # _____ Cell # _____

Physician & Insurance Information

Family Physician _____ Clinic/Practice Name _____
Physician's Home # _____ Office # _____
Insurance Company Name _____
Group Number (if applicable) _____
Account Number (if applicable) _____
Other Numbers _____

Medical Information

List Date of Immunization: DPT _____ MMR _____ Tetanus Only _____ Polio _____

Check if Child has had: ___ Chicken Pox ___ Measles ___ Mumps ___ Whooping Cough

Please, list any medications your child takes:

Medication	Prescribed Dosage	Times
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please, list any natural, food, or medicine allergies that your child has _____

Below, provide any medical history/information that would be important in the event of an emergency.

Student Name _____

First Baptist Church
307 N. Lindsay St. • Bowie, Texas 76230

First Baptist Church and Agone Student Ministry (Together With Their Respective Officers, Employees and Agents) and Each Volunteer Assisting Them Are Collectively Designated By The Abbreviation "FBC" Throughout This Entire Form and the term "FBC" Shall Refer to Them Individually as well as Collectively.

I (we) hereby give permission for my (our) child to attend and participate in activities sponsored by FBC, including but not limited to water activities..

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

I (we) hereby authorize FBC to consent to any x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care that may be deemed necessary for my minor child. Further, I understand that all efforts will be made to contact me prior to treatment. I give permission to the attending physician and healthcare staff to treat my minor child.

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

I (we) do hereby authorize any physician, dentist, hospital or medical treatment center to treat my (our) child in the case of emergency.

Further, as parent or legal guardian I (we) do hereby take responsibility for the health care decisions for my (our) child and agree that my (our) insurance plan is the primary plan to pay for the dental, medical, or hospital care or treatment that is given to my (our) child.

Should it be necessary for my (our) child to return home due to medical reasons, behavioral reasons, or otherwise, the undersigned shall assume and be responsible for the payment of all transportation costs.

I (we) hereby release, acquit, hold harmless, and forever discharge FBC 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 FBC.

I (we) (and on behalf of my (our) child) 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 FBC to furnish any necessary transportation, food, and lodging for my (our) child.

I (we) understand and will allow photos and videos of my (our) child to be taken while involved with First Baptist Church to be used in FBC publications, websites, and promotions. I (we) waive any claim for damages against FBC from the un-consented-to use, alteration, or republication of my child's photograph and video by third parties accessing the Internet/World Wide Web or obtaining copies of the print or video material.

The undersigned further hereby agrees to hold harmless and indemnify FBC from and against any claim against or loss incurred by FBC as the result of the negligent, willful or intentional acts of my (our) child, including any expense incurred attendant thereto.

The medical consent and liability waiver provisions hereof shall remain in full force and in effect until written notice of revocation or withdrawal is received by FBC at its office at 307 Lindsay Street, Bowie, Texas. I (we) acknowledge and agree that it is my (our) responsibility to notify First Baptist Church of any changes in insurance, medical condition, guardianship, address or telephone, in writing to the address listed at the beginning of this form.

Father	Date	Mother	Date
Legal Guardian	Date	Student (if 17 or older)	Date