



First Baptist Church
of Warner Robins

1135 Watson Blvd, Warner Robins, GA 31093
478-922-8152 - 478-922-8148 (Fax) - www.fbcwr.org

MEDICAL WAIVER AND LIABILITY RELEASE FORM

To insure your student's safety, this form should be fully completed for each student. All information will be kept confidential.

Student's Information

Last	First	Middle	Prefer to be called
Date of Birth	Male or Female	Social Security Number	
Height	Weight	Home Phone	
Street Address	City	State	Zip

Parent/Guardian Information

1.

Last	First	Middle	Relationship
Street Address	City	State	Zip
Work Phone	Home Phone	Cell Phone	

2.

Last	First	Middle	Relationship
Street Address	City	State	Zip
Work Phone	Home Phone	Cell Phone	

Alternate Contact Person (Someone with different address and phone number)

1.

Last	First	Middle	Relationship
Street Address	City	State	Zip
Work Phone	Home Phone	Cell Phone	

2.

Last	First	Middle	Relationship
Street Address	City	State	Zip
Work Phone	Home Phone	Cell Phone	

**If you do not have insurance, please check here: _____

INSURANCE CARD INFORMATION—*Note: If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your student is at a church-sponsored activity.*

Name of Insurance Company: _____

Policy Number: _____

Group Name: _____ Group #: _____

In Whose Name is the Insurance? : _____

Insurance Co. Phone: (____) _____ Co. Address: _____

Student's Medical Profile and History

Student's Physician: _____ Phone: _____

City: _____ State: _____ Zip: _____

Pre-existing or Present Medical Conditions (Please detail):

Name and Dosage of medications that the student is presently prescribed or taking regularly (Prescription meds MUST have a pharmacy label and name of doctor):

Allergies (food, insect bites/stings, drugs, etc.) Please detail the allergic reaction and include normal treatment for the reaction:

Check the following conditions or diseases your child has had or currently has:

- | | | |
|--|---|--|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Anemia | <input type="checkbox"/> Anxiety Attacks |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Chronic Condition | <input type="checkbox"/> Contact Lenses |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Dizziness/Fainting | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> GI/Stomach Disorder | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Heart Disorder |
| <input type="checkbox"/> HIV or AIDS | <input type="checkbox"/> Hyperglycemia | <input type="checkbox"/> Hypoglycemia |
| <input type="checkbox"/> Meningitis | <input type="checkbox"/> Migraines | <input type="checkbox"/> Physical Handicap |
| <input type="checkbox"/> Tuberculosis | <input type="checkbox"/> Other | |

If any of the conditions or diseases above are checked, please give details:

Date of LAST Tetanus Shot: _____ Swimming Restrictions: _____

Any Activity Restrictions: _____

Please list any major operations your child has had and give the approximate date of the surgery.

Medical and Liability Release Statement

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my student as deemed necessary.

I understand that my signature serves to indicate my willingness to take full financial responsibility for any and all medical services rendered for the above named student. My signature also serves to indicate my willingness for my insurance company to be billed for any and all medical fees and services should they be needed and to release First Baptist Church of Warner Robins, GA and its employees or agents from liability.

I understand all reasonable safety precautions will be taken at all times by First Baptist Church and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold First Baptist Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Signature of Parent or Guardian

Date