

2018
Health & Insurance
Information and
Liability Release Form

First Baptist Church
500 N. Main, Springtown, Texas 76082
817-220-5229 - Fax #817-220-7013 - Email: fbcstown@flash.net

Please PRINT and fill out completely. ~ This will be held in file for the entire year.
If information changes, contact the church office and fill out a new form for your child.

Name of participant _____ Sex _____ T-Shirt Size _____
Address _____ Zip _____
Home Phone Number (w/area code) _____ Birth Date _____ Age _____
Parents' or Guardian's Name _____
Father's Work Phone # (w/area code) _____ Mother's Work Phone # (w/area code) _____
Other Emergency Contact _____ Phone # _____
Parent's Email Address _____

General Health & Allergies

Mark any that apply

Heart _____ Asthma _____ Food _____
Lungs _____ Fainting _____ Insects _____
Eyes _____ Nosebleed _____ Penicillin _____
Ears _____ Skin Rashes _____ Other _____
Throat _____ Emotional _____
Diabetes _____ Other _____

Medications

(List all medications the student/child is taking)

- ◆ Serious Illness _____ Date _____
- ◆ Is the student/child able to participate in all recreational activities? ___Yes ___No If no, what limitations _____
- ◆ Medical information that counselors should know, including allergies, dietary, chronic reoccurring conditions that we should be aware of.

- ◆ Doctor's Name _____ Phone _____
- ◆ Permission to administer: **Aspirin?** Y or N **Tylenol?** Y or N **Ibuprofen?** Y or N
- ◆ **ALL MEDICINES ARE TO BE CLEARLY LABELED & GIVEN TO THE ADULT LEADER.**
- ◆ Name and Address of Insurance Co.

- ◆ Policy # _____ Group # _____ Name of Insured _____
- ◆ Relationship to student/child _____
- ◆ Phone Number of Insurance Co. _____

Continued from front

In case of emergency, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give permission to the physician selected by the camp director to hospitalize and secure proper treatment (including surgery) for my child. I accept full responsibility for my child in placing him/her under the care of the camp personnel. I hereby waive any and all claims or rights of action against First Baptist Church, or their representative for any accident or injury in route or during the camp.

In consideration for being accepted by the **FIRST BAPTIST CHURCH SPRINGTOWN** for participation in **any outing during 2018**, (I) [for and on behalf of our (my) child-participant if under the age of 21 years] do hereby release, forever discharge and agree to hold harmless, FIRST BAPTIST CHURCH SPRINGTOWN, TEXAS and the directors there of from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child in participating in the above described trip or activity.

- ◆ Furthermore, we (I) [and on behalf of our (my) child-participant if under the age of 21 years] hereby assume all risk of personal injury, sickness, death, damage and expense 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 and lodging for this participant.
- ◆ The undersigned further hereby agrees to hold harmless and indemnify said church, it's 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.
- ◆ We (I) are the parent's or legal guardians of this participant, and hereby grant our (my) permission for him (her) to participate fully in said trip, and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bill, if any.
- ◆ Further should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

Trip Participant Only

I understand that I will be participating in trips or events as part of the Student Ministry of First Baptist Church of Springtown. I agree to abide by the guidelines and directions of the leadership of these trips or events and my behavior and conduct will reflect this understanding.

Student Participant Signature

Parent/Guardian's Signature must be witnessed by a Notary

Parent/Guardian's Name (please print)

Notary Signature

Parent/Guardian's Signature

Commission Expires

(STOP! Must be signed in the presence of a notary)

Notary Stamp