



Participant & Medical Release Form Summer 2018 FBC Youth Summer Trips

1) Name _____ Age _____

2) Address _____ City _____ Zip _____

3) Student Cell Phone # _____ Adult T-Shirt Size _____

4) DOB ____ - ____ - ____ School _____ Grade _____

5) Person to contact in case of emergency _____

Cell Phone #1 _____ Cell Phone #2 _____

6) Parent Email _____ FBC Church Member: Yes or No

7) Medical Insurance Comp. _____ Policy/Group # _____

Please make a copy of your health insurance card and return with completed medical release form.

I give my child permission to attend and participate in the ministry sponsored by FBC to: *(please check all that apply)*

- _____ High School Senior Bimini Trip / June 11-19, 2018
- _____ High School Mission Trip to Puerto Rico / June 30-July 7, 2018
- _____ Student Life Youth Camp to Ridgecrest, NC / July 23-27, 2018

In consideration of the possibility that injuries could occur in this ministry event(s), I hereby release FBC Wilmington and all persons officially connected from all liability for injury or damages whatsoever arising from any participation in the events for this ministry.

I, the undersigned, give permission to FBC Wilmington, its staff, and/or persons working on its behalf, to act in my absence or in emergency situations to obtain medical treatment for my child by a licensed physician, and for said physician to administer whatever care is necessary, including anesthesia, for their safety and care. I agree to accept full responsibility for the payment of all ambulance, hospital, and physician's bills and charges for any services rendered.

I also give FBC permission to use photos of your child in church wide publications (newsletters, brochures, promotional videos, website, bulletin boards, etc.).

Signed _____ Date _____

(Parent or Guardian)

Please note any medical allergies, medical problems, medications being taken or any other pertinent information: