

**FIRST BAPTIST CHURCH, INC., TERRELL, TEXAS
MEDICAL INFORMATION/LIABILITY AGREEMENT**

PARTICIPANT INFORMATION:

Name: _____ Date of Birth: _____
Address: _____ Age: _____

EMERGENCY CONTACT INFORMATION:

Name of Mother: _____ Work Phone () _____ Cell Phone () _____
Address: _____ Home Phone () _____ E-Mail _____

Name of Father: _____ Work Phone () _____ Cell Phone () _____
Address: _____ Home Phone () _____ E-Mail _____

HEALTH INSURANCE INFORMATION:

Insurance Company: _____ Phone Number () _____
Policy Holder: _____ I.D./Group number: _____

MEDICAL INFORMATION:

Primary Care Physician: _____

Phone Number: () _____ Address: _____

Year of Last Tetanus Vaccination: _____

Allergies: (medicines, food, insects, plants, etc....) Yes _____ No _____

Dietary Limitations Yes _____ No _____

Asthma Yes _____ No _____

Diabetes Yes _____ No _____

Heart Yes _____ No _____

Seizures Yes _____ No _____

Stomach Yes _____ No _____

Other Yes _____ No _____

If your answer to any of the above was “Yes” please describe the condition in detail.

PERMISSION FOR USE OF VIDEO & PICTURES:

As a part of this Liability Agreement, I hereby give permission for video and photographs to be taken of my student during this or any future FBC Terrell event. I further understand and agree that the video pictures taken in accordance with the above may be shown during future student events and/or posted on the student ministry website.

UNPLANNED TRAVEL COST:

In the event that it is necessary for my student to return home before the scheduled return of any FBC Terrell event, I hereby agree to assume all costs associated with said early return.

TRANSPORTATION PERMISSION:

By my signature below, I hereby give permission for my student to be safely transported in any lawfully equipped vehicle designated by the student minister / adult sponsor in whose care my student has been entrusted.

LIABILITY & MEDICAL ATTENTION:

By my signature below, I hereby agree and grant permission for the First Baptist Church, Inc., Terrell, Texas together with its staff, sponsors, or chaperones in charge to obtain any necessary medical attention in case of accident, injury or sickness to my child. I further agree and stipulate that First Baptist Church, Inc., Terrell, Texas, together with its agents employees, attorneys and assigns shall be held harmless for any loss of money or other personal items that may be lost or missing. I further assume full responsibility for any damages or losses caused by my child, individually or with a group during any FBC Terrell Event.

RULES OF CONDUCT:

I understand and agree that the use of tobacco products, intoxicating beverages and/or non-prescribed drugs shall be strictly prohibited. In addition, additional rules may be established to ensure proper health, safety and enjoyment for all concerned. I further understand that a failure by my child to cooperate with and abide by these standards may result in my child being sent home early at my sole expense.

MISCELLANEOUS AGREEMENTS:

BY MY SIGNATURE BELOW, I ACKNOWLEDGE THAT I UNDERSTAND AND AGREE TO ALL THE LISTED RULES AND GUIDELINES OF FBC TERRELL. I FURTHER ACKNOWLEDGE AND VERIFY THAT ALL OF THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT. FINALLY, I GRANT MY PERMISSION FOR MY CHILD TO PARTICIPATE FULLY IN ALL EVENTS OF FBC TERRELL AND THE ACTIVITIES THAT ARE ASSOCIATED THEREWITH AND, AS A PART THEREOF, AGREE TO HOLD FIRST BAPTIST CHURCH, INC. OF TERRELL, TEXAS, TOGETHER WITH ITS EMPLOYEES, AGENTS, ATTORNEYS AND ASSIGNS HARMLESS FROM ANY AND ALL ACCIDENT, INJURY, DAMAGE OR LOSS THAT MAY RESULT FROM MY CHILD'S PARTICIPATION IN ANY SUCH EVENT. THIS AGREEMENT SHALL REMAIN IN FULL FORCE AND EFFECT FOR SO LONG AS MY CHILD IS A PARTICIPANT IN FBC TERRELL EVENTS OR UNTIL SUCH TIME AS EITHER I OR FBC TERRELL TERMINATE THE SAME IN WRITING.

SIGNED and ACKNOWLEDGED on this the _____ day of _____, 20_____.

Signature of Parent/Guardian

Parent/Guardian's Printed Name

ACKNOWLEDGED BEFORE ME, THE UNDERSIGNED NOTARY PUBLIC on this the _____ day of _____, 20_____.

Notary Public, State of Texas

My Commission Expires: _____