MEDICAL RELEASE FORM FIRST BAPTIST SWEEWATER STUDENT MINISTRIES

First Baptist Sweetwater Church ~ 3800 Wekiva Springs Road Longwood, Florida 32779 ~ USA Phone 407-862-3893 ~ Fax 407-862-3886

Effective for the life of your student in S2M unless address or medical information changes. Please print in ink

Name:	Last	First	Middle	_ Age:	Birthday:	
		School Name				
		City				
		Stud				
Mother's name		Home :	#		_ Cell #	
Mother's Email				_		
Father's name		Home	#		Cell #	
Father's Email			· · · · · · · · · · · · · · · · · · ·	<u> </u>		
Emergency Contac	:t	Home	#		Cell #	
Medical insurance	company Policy #					
Subscriber Name: Group # (if applicable)						
Physician Office #						
Dentist Office #						
Check the following	ng areas of con	cern for this student.	If necessa	ary, add ano	ther page wi	th details:
 For your student's safety and our knowledge, is your student a ☐ good swimmer ☐ non-swimmer 						
2. Does your studen pollens	-	ro: s 🗖 food 🔲 inse	ct bites	☐ other		
 Please list a 	ıll known Allergie	s:				
4. Date of last tetanu	us shot:					
5. Does your studen	it wear: 🔲 glass	ses 🗖 contact lenses	☐ none			
6. Please list any major illnesses/surgeries your student experienced during the last year:						
Note: If you desire	to limit your chi	e restricted for any rea Id's participation in an responsible for that pa	y event, p	lease subm		es in writing to First

- 8. If applicable, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. <u>Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.</u>
- **9.** For your information, we expect each student to conform to these rules of conduct as well as any other expectation communicated verbally or in writing for each event:

No possession or use of alcohol, drugs, or tobacco No fighting, weapons, fireworks, lighters, or explosives No offensive or immodest clothing No girls in boys' sleeping quarters'

Notary Signature _

Stamp / Seal

No students can drive during events
Respect property
No boys in girls' sleeping quarters'
Full participation with the group
Respect and comply with event schedules

Re	espect one another, staff, and adult leaders	Respect and comply with event schedules
I, the stude		ns may be sent home at their parents' expense. ve evaluation of my health, and permission to participate in ersonal expectations and code of conduct.
Student Si	gnature:	Date:
	our signature below indicates that the a	above information is true & correct to the best of your the following:
	TTO PHOTOGRAPH: I agree that photos a FBCS events, other written materials or so	and or video may be taken of my student and used in future cial media.
RELEASE FOR ALL I RELATED AND DEFE VOLUNTE BASED UF	e permission to a licensed physician, dentist ative of First Baptist Church Sweetwater to p, including but not limited to hospitalization, is OF LIABILITY AND INDEMNITY: I AGREE RISKS AND HAZARDS INHERENT IN AND ACTIVITIES BY MY SON OR DAUGHTER. END THE CHURCH AND EACH OF ITS EMITERS AGAINST ANY LIABILITY, COST, LOSTON OR SUSTAINED IN CONNECTION WI	a Parent or Guardian cannot be reached in an emergency, I to or other health care provider selected by the authorized rovide medical treatment for my child deemed medically injections, medication, anesthesia, and surgery. E TO ACCEPT AND TO ASSUME FULL RESPONSIBILITY ASSOCIATED WITH PARTICIPATION IN CHURCH. I HEREBY AGREE TO INDEMNIFY, HOLD HARMLESS IPLOYEES, OFFICERS, REPRESENTATIVES AND SS, CLAIMS AND ACTIONS, INCLUDING NEGLIGENCE, ITH PARTICIPATION IN CHURCH RELATED ACTIVITIES. RE SIGNING THIS MEDICAL CONSENT, RELEASE OF LF OF MY SON OR DAUGHTER.
Parent /Gu	uardian Signature:	Date:
Notary Infor	mation	
State of	County of	$\ \square$ I certify that this person is known to me.
		☐ Identity verified via
Sworn to (or	affirmed) and subscribed before me this day of	, 20