

2019-2020 Permission & Medical Release Form

First Baptist Sweetwater

STUDENT	<p>Name: _____ Age: _____</p> <p style="text-align: center;"><i>Last First Middle Initial</i></p> <p>Address _____ City _____ State _____ Zip _____</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female Grade _____ Birthday ____/____/____ School _____</p> <p>Student Email _____ Student Cell # _____</p> <p>T-Shirt Size: S M L XL XXL Church Home _____</p>
PARENT/GUARDIAN	<div style="display: flex; justify-content: space-between;"> <div style="width: 65%;"> <p>Father's Name: _____</p> <p>Email _____ Cell # _____</p> <p>Mother's Name: _____</p> <p>Email _____ Cell # _____</p> <p>Guardian's Name: _____</p> <p>Email _____ Cell # _____</p> </div> <div style="width: 30%; border: 1px solid black; padding: 5px;"> <p>Student lives with:</p> <p><input type="checkbox"/> Both Parents</p> <p><input type="checkbox"/> Mother</p> <p><input type="checkbox"/> Father</p> <p>Is there a court order that prevents a parent from having contact with the student?</p> <p><input type="checkbox"/> Yes (please contact church)</p> <p><input type="checkbox"/> No</p> </div> </div>
EMERGENCY	<p>In case of an Emergency, and Parent/Guardian cannot be reached, please contact:</p> <p>Name: _____ Relationship to Student: _____</p> <p>Cell # _____</p>
MEDICAL INFORMATION	<div style="display: flex; justify-content: space-between;"> <div style="width: 75%;"> <p>Family Physician: _____ Office # _____</p> <p>Family Dentist: _____ Office # _____</p> <p>Medical insurance company: _____ Policy # _____</p> <p>Subscriber Name: _____ Group # (if applicable) _____</p> <p>1. Is your student currently being treated for an injury or sickness? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please explain: _____</p> <p>2. Is your student currently taking any medication? <input type="checkbox"/> Yes <input type="checkbox"/> No Medication: _____ Dosage: _____</p> <p>3. For your student's safety and our knowledge, is your student a <input type="checkbox"/> good swimmer <input type="checkbox"/> fair swimmer <input type="checkbox"/> non-swimmer</p> <p>4. Does your student have allergies to: <input type="checkbox"/> pollens <input type="checkbox"/> medications <input type="checkbox"/> food <input type="checkbox"/> insect bites <input type="checkbox"/> other _____</p> <p>Please list all known allergies: _____</p> <p>5. Does your student wear: <input type="checkbox"/> glasses <input type="checkbox"/> contact lenses <input type="checkbox"/> none</p> <p>6. Date of Last Tetnus Shot: _____ (if given within 10 years, it is current)</p> <p>7. I give permission for my student to be given these over-the-counter medications in accordance with standard label directions:</p> <p style="text-align: center;"><input type="checkbox"/> Tylenol <input type="checkbox"/> Ibuprofen <input type="checkbox"/> Antihistamine <input type="checkbox"/> Decongestant <input type="checkbox"/> Cough Medicine</p> </div> <div style="width: 20%; border: 1px solid black; padding: 5px; text-align: center;"> <p>Please provide a photocopy of the front and back of your insurance card and submit with this form.</p> </div> </div>

CONSENT	<p><u>CONSENT TO MEDICAL TREATMENT</u> <i>(please initial each consent)</i></p> <p>_____ I, the undersigned, understand that I will be notified in the case of a medical emergency. However, in the event that neither I nor the emergency contact person can be reached; I hereby give permission to a licensed physician, dentist, or other health care provider selected by the authorized representative of First Baptist Church Sweetwater to provide medically necessary treatment for my child including but not limited to: hospitalization, injections, medication, anesthesia, and surgery. My preferred Hospital for care is _____.</p> <p><u>CONSENT TO PARTICIPATE</u> <i>(please initial each consent)</i></p> <p>_____ I, the undersigned, hereby consent to the participation of my student in all the scheduled youth activities of First Baptist Sweetwater and any other supervised activities customarily associated with its Student Ministry, including but not limited to youth rallies, overnight or weekend trips. Further, I certify that my student is physically fit and adequately prepared to participate in all recreational and sporting events. If I wish to revoke this consent for any reason, I will promptly notify the Student Pastor in writing prior to the event.</p> <p><u>CONSENT TO PHOTOGRAPH</u> <i>(please initial each consent)</i></p> <p>_____ I, the undersigned, agree that photos and or video may be taken of my student and used in future publicity of FBS events, other written materials or social media.</p> <p><u>CONSENT TO TRANSPORT</u> <i>(please initial each consent)</i></p> <p>_____ I, the undersigned, give my permission for my student to ride in any vehicle driven by an approved volunteer chaperone while attending and participating in youth ministry events sponsored by First Baptist Sweetwater. My student and I understand that SEAT BELTS SHALL BE WORN AT ALL TIMES during transportation.</p> <p><u>EARLY RETURN HOME POLICY</u> <i>(please initial each consent)</i></p> <p>_____ I, the undersigned, agree that should my student need to return home due to medical issues, disciplinary action or otherwise, I shall assume all transportation costs and responsibility.</p>
STUDENT PLEDGE	<p>Each student is expected to conform to these rules of conduct as well as any other expectation communicated verbally or in writing for each event they attend:</p> <div style="display: flex; justify-content: space-between;"> <ul style="list-style-type: none"> 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 No boys in girls' sleeping quarters <ul style="list-style-type: none"> No students can drive during events Respect property Respect one another, staff, and adult leaders Full participation with the group Respect and comply with event schedules </div> <p>Any student who fails to comply with these expectations may be sent home at their parents' expense.</p> <p>I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal expectations and code of conduct.</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 45%;"> <p>_____ <i>Signature of Student</i></p> </div> <div style="width: 45%;"> <p>_____ <i>Date</i></p> </div> </div>
LIABILITY RELEASE	<p><u>RELEASE OF LIABILITY AND INDEMNITY:</u> I AGREE TO ACCEPT AND TO ASSUME FULL RESPONSIBILITY FOR ALL RISKS AND HAZARDS INHERENT IN AND ASSOCIATED WITH PARTICIPATION IN CHURCH RELATED ACTIVITIES BY MY SON OR DAUGHTER. I HEREBY AGREE TO INDEMNIFY, HOLD HARMLESS AND DEFEND THE CHURCH AND EACH OF ITS EMPLOYEES, OFFICERS, REPRESENTATIVES AND VOLUNTEERS AGAINST ANY LIABILITY, COST, LOSS, CLAIMS AND ACTIONS, INCLUDING NEGLIGENCE, BASED UPON OR SUSTAINED IN CONNECTION WITH PARTICIPATION IN CHURCH RELATED ACTIVITIES. THE UNDERSIGNED UNDERSTAND THAT THEY ARE SIGNING THIS MEDICAL CONSENT, RELEASE OF LIABILITY AND INDEMNITY AGREEMENT ON BEHALF OF MY SON OR DAUGHTER.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%;"> <p>_____ <i>Signature of Parent/Guardian</i></p> </div> <div style="width: 45%;"> <p>_____ <i>Date</i></p> </div> </div>

Notary Information

State of _____ County of _____

☐ I certify that this person is known to me.

☐ Identity verified via _____
State & Number

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____

Notary Signature _____