

USE BLACK OR
BLUE INK PEN
ONLY

HIGH SCHOOL MINISTRY

MEDICAL & LIABILITY RELEASE FORM

FOR SEPTEMBER 1, 2007 ~ AUGUST 31, 2008

FIRST BAPTIST CHURCH, 8939 E. STOCKTON BLVD., ELK GROVE, CA 95624 (916) 685-4821

STUDENT'S NAME _____ School _____ Grade _____

Birthday (M/D/Y) _____ Student Cell # _____ Student E-mail _____

Address _____ City _____ Zip _____ Phone (____) _____

Parent's Cell # (____) _____ Work # (____) _____ Parent E-mail _____

Father's First & Last Name _____ Mother's First & Last Name _____

In an emergency & you cannot be reached, notify _____ Phone # (____) _____

**PLEASE BE SURE TO UPDATE THIS FORM IF MEDICAL CONDITIONS CHANGE
OR IF THERE IS A CHANGE IN ADDRESS, PHONE/CELL NUMBER, INSURANCE, ETC.**

HEALTH HISTORY

▶ Allergies (insect bites/bee stings, medication, etc.) _____ Last Tetanus _____

▶ Other Conditions (Epilepsy, Diabetes, Chronic Asthma, Heart Condition, Hay Fever, Physical Limitations, etc.) _____

▶ If your child has any of the above conditions please give details (i.e., include normal treatment instructions) _____

RESTRICTIONS

Are there athletic restrictions? Yes _____ No _____ If yes, what? _____

INSURANCE

Our church's insurance is only secondary insurance. If you have medical insurance, your carrier will be billed for all medical charges in the case of illness or injury. Do you have health insurance? Yes _____ No _____ Doctor's Name _____

Place of Employment _____

Insurance Company _____ Group _____ Policy # _____

Address _____ Phone _____

LIABILITY RELEASE

⇒ I/We give consent for (print name of minor) _____ to attend any Student Ministries events being sponsored by First Baptist Church

⇒ In the event that he or she is injured while under the care of First Baptist Church and its representatives and requires the attention of a doctor, I hereby consent to and will be responsible for any reasonable medical treatment as deemed necessary by a licensed physician.

⇒ I/We understand the nature of the event and do hereby release First Baptist Church and its representatives from any liability due to accident or injury incurred by my child.

⇒ I/We agree to cover all costs if our student needs to be sent home for disciplinary reasons.

⇒ I/We understand that I, or my minor, may be traveling in 12 passenger, 15 passenger, or cargo vans.

Parent or Guardian's Signature _____ Date _____

Please Print Your Name _____

**THIS MEDICAL RELEASE FORM IS VALID FOR ALL CHURCH SPONSORED ACTIVITIES FROM
SEPTEMBER 1, 2007 TO AUGUST 31, 2008**