

First Baptist Church Moss Bluff Medical Release Form

PLEASE USE INK

_____| Male ____| Female ____| _____
Participant Name _____ Date of Birth _____

_____| School _____| Grade _____

Address & Zip _____

_____| _____| _____| _____| _____|
Home Phone _____ Work Phone 1 _____ Work Phone 2 _____ Cell/Mobile 1 _____ Cell/Mobile 2 _____

Is the participant a member of FBC Moss Bluff? Yes ____ No ____ If no, I am a guest of: _____

Medical Insurance Provider _____ Policy No. _____

Primary Care Physician (PCP) _____ PCP's Phone _____

Person to contact in case of emergency (other than parent) _____

Relation to Participant _____ Home Phone _____ Work Phone _____

Medical Information (check and explain all that apply) *If more room is needed, use the additional comments on back.*

Allergies _____

Medications (dosage and times) _____

Counseling currently or in past 3 years (If yes, for what) _____

Depression or behavioral problems _____

History of any other medical problems (please list and explain): _____

Permission and Release to Treat

In case of an emergency, you are authorized to take such measures necessary and arrange for such medical and hospital treatment, as you may deem necessary for the health and well being of my child. I release First Baptist Church Moss Bluff, the staff, and volunteers from any claim or any liability due to sickness or injury to my child. I authorize and release First Baptist Church Moss Bluff, the staff and volunteers to speak to my child's Primary Care Physician, as they may deem necessary, and I waive any claim of medical privilege.

I attest to the fact that the above named child is covered by an insurance policy covering illness and injury. I accept all financial responsibilities concerning any medical emergency or treatment. I agree to accept full responsibility to pick my child up or arrange for ground/air travel home immediately in the event of illness, accident, or for disciplinary reasons which may be deemed appropriate or necessary by decision of First Baptist Church Moss Bluff Staff. I agree to comply with the decisions of the Attending Medical Team regarding my child's ability to attend any event or activity. Youth Ministry Staff will defer to the Attending Medical Team with regard to decision that fall outside the area of ministerial decisions and will refer you to the Medical Team Leader with regard to the above. I understand that the Youth Ministry Staff and the Attending Medical Team **must** make decisions that protect the health and welfare of the group attending any event or activity.

My signature below also indicates that I agree to the following:

- My child will be current on all immunizations.
- If my child has any communicable illness (strep, flu, mono, etc) within a week prior to departure, a written doctor's release is required stating it is safe for my child to travel and there is no likelihood of others contracting the illness.

Signature of parent or legal guardian (or applicant if over 18 years of age)

Print name and relationship to student

Date

*****Continued on back*****

Release of Claims

In consideration for being accepted by First Baptist Church Moss Bluff, Lake Charles, Louisiana, for any and all planned activities and trips, we (I), being 18 years of age or older, do for ourselves (myself) [and for and behalf of my child – participant if said child is not 18 years of age or older] do hereby release, forever discharge and agree to hold harmless First Baptist Church Moss Bluff and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damages and expenses, of any nature whatsoever which may be incurred by the undersigned and the child - participant that occur while said child is participating in a trip or activity.

Furthermore, we (I) [and on behalf of our (my) child – participant if under the age of 18 years] hereby assume all risk of personal injury, sickness, death, damage and expenses incurred attendant thereto.

The undersigned further hereby agree to hold harmless and indemnify said church, its directors, employees, agents and all volunteers, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

This document remains in effect until written retraction is made; a duplicate copy will be considered as valid as the original.

-Sign in the presence of a Notary Public-

Parental or Custodial authorization is requisite to any child's participation in the event/activity.

Signature of parent or legal guardian (or applicant if over 18 years of age)

Date

Additional Comments from Medical Information

This form must be notarized

As sworn to me on this _____ of _____, _____.
Day Month Year

Signature of Notary

Notary Name (Printed)

Commission No.