

First Baptist Church College Station, Texas

MEDICAL INFORMATION / LIABILITY RELEASE FORM

PARTICIPANT INFORMATION:

Name: Age: Gender: Birthdate:

Address: City: State: Zip:

EMERGENCY CONTACTS:

Mother's name: Home phone: Work phone: Cell /Pager:

Father's name: Home phone: Work phone: Cell /Pager:

Third Party name: Home phone: Work phone: Cell /Pager:

HEALTH INSURANCE INFORMATION:

Insurance Company: Phone number:

Policy Holder: ID number / Group Number:

MEDICAL INFORMATION:

Physician: Address: Phone:

Tetanus (Year of last booster): Diet limitations:

ALLERGIES (medicines, food, insect stings, plants, etc.):

MEDICAL ILLNESSES & DISEASES: List details of all significant past medical problems such as:
 Asthma Diabetes Handicap Heart Seizures Stomach Other

MEDICATIONS: List all to be taken (include medication, name, dose, frequency and reason for each)

Medication:	Dose:	Frequency:	Reason taken:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Any additional information needed to care for your child:

MEDICAL ATTENTION:

I (we) give my permission for First Baptist Church adult sponsors or other staff person in charge to obtain any needed medical attention in case of illness or injury to my child. I (we) agree to be liable to pay all cost and expenses incurred in connection with such medical treatment pursuant to this authorization.

LIABILITY RELEASE:

I (we) do hereby release, absolve, indemnify, and hold harmless, acquit, and forever discharge all sponsors, organizers, and supervisors of the First Baptist Church, College Station, TX, from any and all claims, damages, liabilities, costs, demands, actions, or cause of action, past, present, or future arising of any damage or injury while participating in any program or activity even if such personal injury or other loss is caused by the ordinary negligence of the church, its employees, staff members or designated sponsors.

UNPLANNED TRAVEL COST:

If it is necessary for my child to return home before the scheduled return, I (we) shall assume all costs associated with such a return trip.

TRANSPORTATION PERMISSION:

I (we) give permission for my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted.

PERMISSION FOR USE OF PICTURES:

I (we) give permission for photographs or video taken of my child at any event sponsored by First Baptist Church, College Station to be posted on the FBC,CS webpage or used in any publications, printed materials, and/or videos promoting First Baptist Church, College Station.

PERMISSION TO PARTICIPATE:

I (we) hereby grant my (our) permission for my child/SNA to participate fully in any and all events and/or activities that are a part of any program or activity of FBCCS.

INFORMATION VERIFICATION:

I (we), the undersigned, do hereby verify that the above information is correct.

SIGNATURE(s):

Signature or Parent/Guardian

Date:

Signature or Parent/Guardian

Date:

Complete this form, print it and then return it to:
First Baptist Church
2300 Welsh Ave
College Station, TX 77845