

Student Ministry First Baptist Church of Oneonta, Alabama

Annual Medical Release and Permission Form

Date of Completion: _____

Student's Personal Information

Full Legal Name: _____

Age: _____ **Birthday:** _____ **Male** **Female**

Grade (circle one): 7th grade 8th grade 9th grade 10th grade 11th grade 12th grade

Email: _____

Permanent Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____

Mother's Name: _____ **Home Phone:** _____ **Work:** _____

Father's Name: _____ **Home Phone:** _____ **Work:** _____

Name of Legal Guardian: _____

Other Emergency Numbers: _____

Physician: _____ **Office Phone:** _____

Dentist: _____ **Office Phone:** _____

Confidential Medical Information and History

Insurance Company: _____

Member #: _____ **Group #:** _____

If necessary, 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 son/daughter is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form.

Include names of medications and dosages that must be taken.

Check the following areas of concern for this student. (If necessary, add another page with details)

1. For your student's safety and our knowledge, is your son/daughter a/an...

- excellent swimmer? good swimmer? fair swimmer? non-swimmer?

2. Does your son/daughter have allergies to...

- pollens? medications? foods? insect bites?

If so, please explain:

3. Does your son/daughter suffer from, or has ever experienced, or is being treated currently for any of the following:

- asthma? heart trouble?
 frequently upset stomach? any physical handicap?
 epilepsy/seizure disorder? diabetes?

4. Date of last tetanus shot: _____

5. Does your child wear: glasses? contact lenses?

6. Is your son/daughter currently taken long-term prescription medication? _____

If so, please list the medication:

7. Please list and explain any major illnesses the child experienced during the last year:

8. Are there any other medical conditions, not mentioned above, that we should be aware of? _____

If so, please explain:

9. Should this student's activities be restricted for any reason? _____

If so, please explain:

Permission to Participate

The activities of Student Ministry and First Baptist Church may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, roller-skating, rollerblading, games in the park, soccer, dodge ball, ice skating, volleyball, softball, baseball, flag football, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides, lock-ins, adventure recreation, concerts, winter retreat, local mission trips, international mission trips, service projects, summer retreat, Six Flags, Summer Retreat, DiscipleNow Weekend, and transportation to and from events/activities.

Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the Minister of Students prior to that event.

I give my son/daughter, _____, my permission to attend any and all activities of Student Ministry sponsored by First Baptist Church of Oneonta, Alabama, unless I personally notify the Minister of Students otherwise in written form,

I also understand that this form gives permission to seek whatever medical attention is deemed necessary, and releases First Baptist Church and its staff and volunteers of any liability against personal losses of named student.

I, the undersigned, have legal custody of the student named above, a minor, and have given my consent for him/her to attend events being organized by Abide Student Ministry and First Baptist Church.

I understand that there are inherent risks involved in any ministry or athletic event, and I hereby release First Baptist Church, its staff, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my son's/daughter's involvement.

In the event that he/she is injured and requires the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by First Baptist Church and/or the Minister of Students, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent.

I also acknowledge that I will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I affirm that the health insurance information provided above is accurate at this date and will, to the best of my knowledge, still be in force for the student named above.

I also agree to bring my son/daughter home, from any event or activity, at my own expense should they become ill or if deemed necessary by the Minister of Students.

I also agree to the rules and procedures provided by the Minister of Students and pledge my support to any action or decision he makes. In certain situations, such actions may include disciplinary actions which may result in the removal of disruptive students from any event or activity.

By signing this form and by allowing my son/daughter to attend events of First Baptist Church, I also agree to allow my son/daughter to be photographed and/or videotaped for use in the ministries of First Baptist Church. The use and publication of photos and videos include, but are not limited to: church website, Abide Student Ministry Facebook page, church publications, church advertisement, and media productions.

Signed: _____ **Date:** _____

Notary: _____ **Date:** _____

This form must be complete for any student to participate in the activities of Student Ministry and First Baptist Church. Make sure the form is notarized by a public notary. It would be wise not to sign this form until you have read all the information provided on it and you are in the presence of the notary.