

_____,
STUDENT'S LAST NAME (PLEASE PRINT)

STUDENT'S FIRST NAME (PLEASE PRINT)

MEDICAL RELEASE FORM AND MEDICAL INFORMATION

-MEDICAL RELEASE-

I, _____, AUTHORIZE THAT THE STAFF AND/OR ADULT VOLUNTEERS OF THE FIRST BAPTIST CHURCH MAY SEEK OR PROVIDE MEDICAL ASSISTANCE FOR _____, IN THE CASE OF AN EMERGENCY DURING ANY REGULARLY SPONSORED YOUTH EVENT OR ACTIVITY FROM **JANUARY 1, 2018 - DECEMBER 31, 2018.**

SIGNATURE: _____ (PARENT/GUARDIAN)

-MEDICAL INFORMATION-

NAME OF STUDENT: _____

DATE OF BIRTH: _____

PERSONAL DOCTOR: _____

PERSONAL DOCTOR PHONE: _____

MEDICAL INSURANCE COMPANY: _____

MEDICAL INSURANCE POLICY #: _____

PARENT/GUARDIAN CONTACT INFORMATION

NAME: _____

HOME PHONE: _____

WORK PHONE: _____

CELL PHONE: _____

OTHER EMERGENCY CONTACT:

NAME: _____

HOME PHONE: _____

WORK PHONE: _____

CELL PHONE: _____

-MEDICAL HISTORY-

ALLERGIES TO FOOD:

ALLERGIES TO MEDICATION:

CURRENT MEDICATIONS (INCLUDE VITAMINS, HERBS, AND "AS NEEDED" MEDICATIONS):

(ALL MEDICATIONS BROUGHT MUST BE LABELED WITH THE DRUG NAME, STUDENT'S NAME, DOSE SIZE, AND FREQUENCY OF USE.)



Photo and Video Permission Form

Please fill out and sign the appropriate statement to either **give** or to **decline** permission to use pictures and videos of you and/or your minor during First Baptist Church Mt. Shasta promos, at other events, online, etc. from **January 1st, 2018 – December 31st, 2018**. With regard to the use of photos and videos for publicity, it is our policy that persons in photos not be identified by name. However, in regard to the use on social media their names may be present. Please note that these photos and videos will be used now and in the future.

Print Name of Youth/Child: _____

To **GRANT** permission to use your minor's pictures & videos:

I, _____ (Please print your name) **GRANT** permission to First Baptist Church Mt. Shasta to publish pictures & videos of the minor named above on First Baptist Church Mt. Shasta's websites, in promotional videos, social media, or any other form of public media. If signing for a minor, I further state that I have the right to give this permission to the minor named above as I am the minor's parent or legal guardian.

Signature of Youth/Child: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

To **DECLINE** permission to use your minor's pictures & videos:

I, _____ (Please print your name) **DECLINE** to grant permission to First Baptist Church Mt. Shasta to publish pictures & videos of the minor named above on the First Baptist Church Mt. Shasta websites, in promotion videos, social media, or any other form of public media. If signing for a minor, I further state that I have the right to decline permission to the minor named above as I am the minor's parent or legal guardian.

Signature of Youth/Child: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

THIS IS A RELEASE OF LIABILITY – READ BEFORE SIGNING

NOTE: THIS FORM MUST BE READ AND SIGNED BEFORE THE PARTICIPANT IS ALLOWED TO TAKE PART IN ANY EVENT.

Participant's Name _____ Date of Birth _____

In Consideration of being permitted to participate in any way in the activities, events, or retreats under the auspices of First Baptist Church from January 1st 2018 to December 31st, 2018, I appreciate, and agree that:

1. The risk of injury from some camp activities is significant, including the potential for permanent disability and death, and while protective and safety equipment and personal discipline will minimize the risk, the risk of serious injury does exist;
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, even if arising from the negligence of those persons released from liability below, and assume full responsibility for my participation; and,
3. I understand that some camp activities are physically and mentally intense. I understand the rules of play and will comply with all rules and regulations. If I observe any unusual or unnecessary hazard during my participation, I will bring such to the attention of the nearest official as soon as practical; and,
4. I for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE AND HOLD HARMLESS FIRST BAPTIST CHURCH**, the owners and lessors of premises used to conduct activities, their officers, officials, agents, volunteers, counselors, and/or employees ("Releasees"). **WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss of property, WHETHER CAUSED BY THE NEGLIGENCE OF THE REALEASEES OR OTHERWISE**, except that which is the result of gross negligence and/or wanton misconduct.
5. I understand and agree that this release of Liability Agreement covers each and every activity and event in which I participate hereafter.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND IT'S TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT.

X _____ Date Signed: _____ Phone: _____
Participant's Signature

_____ Address

_____ City, State

_____ Zip

PARENT OR GUARDIAN MUST READ THIS FORM AND SIGN BELOW

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree not only to his/her release of the above listed persons and organizations but also to release and indemnify the Releasees from any and all liabilities incident to his/her involvement in these programs for myself, my heirs, assigns, and next of kin. By signing this I give my child permission to attend and participate in the activities of the First Baptist Church.

X _____ Date signed _____ Emergency Phone # (s) _____
Parent/Guardian's Signature