

BEREA FIRST BAPTIST CHURCH STUDENT MINISTRY

2016-17 Permission and Medical Release Form

EMERGENCY INFORMATION

Student's Name: _____

Birthdate: _____ Grade: _____

*Student's Social Security Number: _____

Doctor's Name & Phone Number: _____

Allergies: _____

Medications Currently Taking: _____

Other Conditions/Comments: _____

Parent/Guardian's Name: _____

Parent/Guardian's Birthdate: _____

*Parent/Guardian's Social Security Number: _____

Place of Employment: _____

Home Address: _____ City/State: _____ Zip: _____

Parent's Cell Phone Number: _____

Secondary Phone Number: _____

**Parent's Email: _____

Emergency Contact Name (Other than Parent) & Phone No.: _____

Insurance Company: _____

Policy Number: _____

*Please be informed that in the event of an emergency, medical care may be refused by hospital/doctor if social security numbers are not included on this form.

**This will be our primary form of communication with you.

GENERAL RELEASE/HOLD HARMLESS AGREEMENT

As the parent or legal guardian of the above student:

- 1) I acknowledge that the student above desires to participate in the programs, events, or activities (hereinafter collectively referred to as "activities") operated, sponsored, or attended by Berea First Baptist Church (hereinafter referred to as the "church") and the student ministry of Berea First Baptist Church (hereinafter referred to as "student ministry").
- 2) I acknowledge that participating in the activities operated, sponsored, or attended by the church and student ministry will involve transportation to and from various locations.

SEE REVERSE

- 3) I hereby give consent for the above student to participate in the activities and authorize the church and student ministry to transport the above student to and from various locations for the activities.
- 4) I give permission for the above student to ride in any vehicle deemed suitable by the adult in whose care the above student has been entrusted while attending and participating in activities operated, sponsored, or attended by the church and student ministry.
- 5) In the event that the above student is injured while participating in activities or while being transported, I do hereby authorize and consent to any X-ray; examination; anesthetic; medical, surgical, or dental diagnosis or treatment; and hospital care rendered under the general supervision and the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.
- 6) I acknowledge the undersigned shall be liable and agree to pay all costs and expenses incurred in connection with any such medical and dental services rendered to the above student pursuant to this authorization.
- 7) I understand that should it be necessary for the above student to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.
- 8) In consideration of the church and student ministry allowing the above student to participate in activities, I do hereby release and forever discharge the church, the student ministry, their officers, director, employees, agents, and any parties volunteering on behalf of the church or student ministry from all actions, claims, costs, expenses, or damages of any nature whatsoever arising from or in connection with participation in or transportation to or from activities.
- 9) As the undersigned, I understand it is my responsibility to update the Emergency Information contained in this Permission and Medical Release Form as necessary.
- 10) I consent and give my permission for the church and student ministry to use any photographs and/or videos of the above student for use in any promotional material for the church and student ministry, including on the church's website.

*****DO NOT SIGN BELOW UNTIL NOTARY IS PRESENT.*****

_____ Date: _____
Signature of Parent/Guardian

Print Name of Parent/Guardian: _____

NOTARY PUBLIC

Witness my hand & official seal this date: _____

On this date, the person(s) who are signed above personally appeared before me in my presence and executed this Permission and Medical Release Form.

Notary Signature & Date

Date My Commission Expires

NOTARY SEAL