2010-2011 First Baptist Church Medical Permission and Release Form

This Medical Release covers all events of First Baptist Church, Paris, TN, Children's & Student Ministries.
This Medical Release also covers other church events during the following effective dates.

Effective dates: August 2010-July 2011

Name________________________________ Date of Birth________________ Age__________ Gender________
Address____ Grade for School Yr. 2010-2011 __________________
City __________________ State ________ Zip ______________ Home Phone _____________________________
Parent's Names ____
Parent's Email Address:____
Work Phone (Dad) ________________________________ (Mom) ____
Family Physician________________________________ Phone Number______________________________________
Family Insurance Company Policy Number____

Immunizations ☐ Tetanus ☐ Polio Booster ☐ Measles ☐ Mumps

In the event of an emergency, give the name and phone number of friends or relatives we can contact who will know how to reach parents or guardians. **You MUST complete this information.**

Name ______________________________ Relationship __________________ Phone _______________
Name ______________________________ Relationship __________________ Phone _______________

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Past Medical History

(Check giving appropriate information)

☐Sinusitis ☐ Bronchitis ☐ Kidney Trouble ☐ Heart Trouble ☐ Diabetes
☐ Dizziness ☐ Stomach Upset ☐ Hay Fever ☐ Allergies ☐Asthma

ALLERGIES
(list type) Food____
Drugs____
Insect Stings/Bites____
Previous operations or serious illnesses____
Any current medications (list)____
Special Diet (name)____

CHILDHOOD DISEASES
☐Chicken Pox ☐Measles ☐Mumps ☐Whooping Cough
Other____

SWIMMING My child is a: ☐non-swimmer ☐fair swimmer ☐good swimmer

Any other special instructions regarding child:____

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Permission and Release

My permission is granted for the staff members or the designated/approved church representatives of First Baptist Church of Paris, TN, to obtain necessary medical attention in case of sickness or injury to my child,_____________________________.

I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all sponsors and the First Baptist Church of Paris, TN, and its staff/representatives, from any and all claims, demands, actions, or cause of action, past present, or future arising out of any damage or injury while employed by or participating in the Children's & Student Ministry events.

I further grant permission for my child to accompany First Baptist Church of Paris, TN on approved trips of the church and to ride in approved vehicles with church approved drivers.

The rights, powers, and authority of said representatives to exercise any and all of the rights and powers herein granted shall commence and be in full force and effect on the date listed below, and such rights, powers and authority shall remain in full force and effect thereafter until revoked by me in writing.

I further understand and agree that, in the event that the above named son/daughter be involved in any non-Christian or dangerous activities, I will pay his/her expenses to be sent home immediately at the discretion of the approved sponsors and/or church representatives.

I have supplied, understood, and agree to all the information contained on this Medical Release Form.

Dated this ____________ day of ______________ , 20___. Signature_______________________________________
Sworn and subscribed to before me, the undersigned Notary Public,
Dated this __________ day of _____________, 20___, State of ___________County of_______________
Signature ____________________________, Notary Public. My commission expires: ________________