

First Baptist Church of Kingsburg 2011 Medical Release/Health Form

(Please print)

Name of Student _____ Date of Birth _____

Address _____ Phone Number (____) _____

City _____ State _____ Zip _____

Sex ____ Height _____ Weight _____ Age ____

Emergency Contact Person:

Parent/Guardian Name _____

Address (if different from student) _____

City _____ State _____ Zip _____

Phone Number (home) (____) _____ (work/cell) (____) _____

Alternate Contact Person: (Use someone near the primary contact)

Name _____ Relationship _____

Address _____

City _____ State _____ Zip _____

Phone Number (home) (____) _____ (work/cell) (____) _____

If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child is at the activity.

Do you have health insurance? ____ Yes ____ No

Name of Insurance Company _____

Policy Number _____ Group Number _____

In whose name is the insurance? _____

Family Doctor _____ City _____

Phone Number _____

If your child should require medical attention for injuries received or illnesses contracted prior to activity, please send us the necessary information to give him/her proper medical care during his/her time with the youth ministry activity.

Health History:

Pre-existing or present medical conditions _____

Name and dosage of any medications that must be taken _____

Any allergies? _____ to medications? _____

____ Hay Fever ____ Heart Condition ____ Diabetes ____ Insect Stings ____ Asthma ____ Frequent colds

____ Epilepsy/Nervous Disorders ____ Frequent Stomach Upsets

____ Physical Handicap ____ Any major illnesses during the past year

If any of the above are checked, please give details (i.e., include normal treatment of allergic reactions) _____

Date of Last Tetanus Shot _____ Contact Lenses? _____

Any swimming restrictions? ___ Yes ___ No

What? _____

Any activity restrictions? ___ Yes ___ No

What? _____

Permission to participate:

_____ has my permission to participate in *Kingsburg First Baptist Church* youth activities from January – December 2011. I, the parent/guardian of the above named participant, *relieve Kingsburg First Baptist Church (here to for referred to as KFBC)*, the leaders, pastors, board of directors and drivers of all liability in case of accident during this year’s activities. It is understood that the leaders will take all necessary precautions to safeguard the safety and welfare of the participant. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. *Please initial* _____

Medical Release:

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the parent/guardian listed on this form. In the event I cannot be reached in an emergency during activities sponsored by *KFBC* , I hereby give my permission to the physician or dentist selected by *KFBC* to hospitalize, to secure proper treatment and/or order an injection, anesthesia, or surgery for my child as deemed necessary. I also authorize any nurse on duty at any activity of *KFBC* to administer medical aid as required for illness or injury under a physician’s orders. The signature of the parent or guardian below is intended to serve as a medical release. *Please initial* _____

Release of Liability and indemnity:

I hereby agree to allow said minor to participate in activities of *KFBC*, including but **not** limited to boating, basketball, rollerblading, swimming, biking, fishing, strenuous competition games, ropes course, giant swing, river floating, laser tag, snow tubing, night games, Frisbee golf, volley ball, hiking, other winter and summer related sports activities and youth trips including missions and service projects. I realize that unanticipated and unexpected dangers may arise during and associated with the above activities. I voluntarily agree to accept all risks of injury, death, or damages of any nature resulting directly or indirectly from the named minor’s participation in these activities. *Please initial* _____

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and indemnity and that it is a legally binding contract between *Kingsburg First Baptist Church* and me and I sign of my own free will. I have also indicated below my restrictions as to the following activities. Restrictions _____

X _____ Date _____

Parent or guardian’s signature (you may sign your own release if 18 or older)

Print Name _____ Relationship to child _____