

Fairview Baptist Church Medical Permission and Liability Release Form

This Form covers all the 2011 events of Fairview Baptist Church Student Ministries Department.

Student:

Name _____ Date of Birth _____ Age _____ Gender _____

Address _____ Grade for School Yr. 2011 Spring: _____ Fall _____

City _____ State _____ Zip _____ Home Phone _____

Parents Names _____

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 _____

Past Medical History

(Please provide detailed information to any checked item on the back)

- 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: _____

Permission and Release

My permission is granted for the staff members or the designated/approved church representatives of Fairview Baptist Church of Fredericksburg VA, to obtain necessary medical attention for my child _____ in case of sickness or injury to my child _____

Parent/Guardian Initials _____

Student's Name _____

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

P/G Initials _____

I further grant permission for my child to accompany Fairview Baptist Church of Fredericksburg VA on approved trips of the church and to ride in approved vehicles with church approved drivers _____.

P/G Initials _____

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 or the end of the calendar year.

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

Dated this _____ day of _____, 2011. Signature _____