



Medical Permission and Release Form 20____
 FBC Gun Barrel City
 Gun Barrel City, TX 75156

The following information will be used for two purposes. 1) It allows the parent to sign a release that will be in effect for one full year. This Permission and Release Form will cover your student at all church activities for the entire year. 2) It allows access to information to fill out event registration forms. So please make sure the information is legible and correct.

Student's Name _____ Date Completed _____

Address _____ Home Phone _____

Age _____ Birthdate _____ Grade _____ Sex: Male Female

Father's Name _____ Cell/Work Phone _____

Mother's Name _____ Cell/Work Phone _____

Guardian's Name _____ Cell/Work Phone _____

In case of emergency, if a parent or guardian cannot be reached, please contact:

Name _____ Phone _____ Relation _____

Required Emergency Medical Information:

Family Physician _____ Office Phone _____

Family Dentist _____ Office Phone _____

Hospital Insurance: Yes No Policy Number _____

Primary Insured _____ Name of Insurance Company _____

Insurance Company Telephone Number _____

*Please attach a copy of the front and back of your insurance card to be turned in with this form.

Date of Last Immunization: DPT _____ MMR _____ Tetanus Only _____ Polio _____

Has the student had: Chicken Pox Measles Mumps Whooping Cough

Daily Medication Requirements:

Medicine _____ Prescribed Dosage _____ Time _____

Medicine _____ Prescribed Dosage _____ Time _____

Medicine _____ Prescribed Dosage _____ Time _____

Other Important Medical Information: _____

I (We) hereby DO or DO NOT consent to the use of blood and/or blood products under the care of a licensed physician in the case of an emergency.

First Baptist Church and The Creek Student Ministries (together with their respective officers, employees, and agents) and each volunteer assisting them are collectively designated by the abbreviation "FBC" throughout this entire form and the term "FBC" shall refer to them individually as well as collectively.

- I (we) hereby authorize FBC to take my (our) child to the before named physician or facility for medical treatment in the event of an emergency in which neither parent can be reached after reasonable attempt to do so.
- I (we) hereby give permission for my (our) child to attend and participate in activities sponsored by FBC and/or FBC The Creek Student Ministries.
- I (we) hereby authorize FBC to transport my (our) child to or from church and/or any other church related and sponsored activities and events.
- I (we) authorize FBC to include my (our) child in routinely supervised water activities.
- I (we) hereby authorize FBC to consent to any x-ray examination, anesthetic, medical, surgical, dental diagnosis or treatment, and hospital care to be rendered to my (our) child under the general or special supervision and on the advice of any physician or dentist representing to be licensed on the medical staff of a hospital or medical care facility, whether such diagnosis or treatment is rendered at the office of said physician or at the said facility or hospital.
- I (we) hereby do authorize FBC to dispense to my (our) child over-the-counter medications (according to proper dosage instructions) when reasonably deemed necessary.
- I (we) do hereby authorize any physician, dentist, hospital, or medical treatment center to treat my (our) child in the case of emergency in which the before named physician or dentist cannot respond.
- The undersigned adult shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.
- Should it be necessary for my (our) child to return home due to medical reasons or otherwise, the undersigned shall assume and be responsible for the payment of all transportation costs.
- I (we) hereby release, forever discharge and agree to defend and hold harmless FBC from any and all liability, claims, or demands for personal injury, sickness, or death, as well as property damages and expenses of any nature whatsoever which may be incurred by the undersigned adult and the child/participant that occur while said child is participating in any trip or activity with FBC.
- I (we) and on the behalf of my (our) child, hereby assume all risk of personal injury, sickness, death, damage, and expenses as a result of participation in recreation and work activities involved therein.
- Further authorization and permission is hereby given to FBC to furnish any necessary transportation, food, and lodging for my (our) child.
- The undersigned further hereby agrees to hold harmless and indemnify FBC from and against any claim against or loss incurred by FBC as a result of the negligent, willful, or intentional acts of my (our) child, including any expense incurred attendant thereto.

Initials of Parent or Legal Guardian _____. (By initialing you are verifying that you understand the above statements.)

The medical consent and liability waiver provisions hereof shall remain in full force and in effect until written notice of revocation or withdrawal is received by FIRST BAPTIST CHURCH Gun Barrel City at its office at 522 W. Main, Gun Barrel City, TX 75156. I (we) acknowledge and agree that it is my (our) responsibility to notify FIRST BAPTIST CHURCH of any changes in medical condition, guardianship, address or telephone, in writing to the address listed at the beginning of this form.

Student's Name _____

Father's Signature _____ Date _____

Mother's Signature _____ Date _____

Legal Guardian (if applicable) _____ Date _____

FIRST BAPTIST CHURCH Photo Release Form

I hereby give FIRST BAPTIST CHURCH of Gun Barrel City, TX permission to publish, without charge, photographs taken of me during church related activities and events. These photographs may be used in whole or in part, and may be used in publications and in audiovisual presentations, promotional literature and materials, advertising, website promotions, or in other similar ways. In addition, I grant FIRST BAPTIST CHURCH the right to use and incorporate, in whole or in part, video footage taken as a result of my participation in FIRST BAPTIST CHURCH activities.

By signing below, you are giving FIRST BAPTIST CHURCH permission to take photos and/or video of you for the purposes stated above. In addition, your signature indicates that you wave any right to financial reimbursement for the reproduction of such photos or video, now or in the future.

Name of Participant (please print) _____

Participant's Signature _____ Date _____

If participant is under the age of 18:

Name of Parent or Legal Guardian (please print) _____

Signature of Parent or Legal Guardian _____ Date _____

* FIRST BAPTIST CHURCH has and will continue to respect its members' privacy by not distributing member names or addresses to anyone for any reason other than FIRST BAPTIST CHURCH related activities.