

FBC Youth Group Medical Release & Permission Form

Name: Age: Birthday:
LAST FIRST MIDDLE
Grade: Male Female Email:
Address: City: State: Zip:
Phone: Cell Phone:
Medical insurance company: Policy #
Mother's name: Phone: (Home) (Work) (Cell)
Father's name: Phone: (Home) (Work) (Cell)
Emergency contact: Phone: (Home) (Work) (Cell)
Physician: Office phone:

Medical History

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. **Submit this notification in writing and attach it to this form. Please include names of medications and dosages that must be taken.**

Check the following areas of concern for this student. If necessary, add another page with details:

- Does your child have allergies to:
 pollens medications food insect bites other (write below)
- Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:
 asthma epilepsy / seizure disorder heart trouble diabetes
 frequently upset stomach physical handicap
- Year of last tetanus shot:
- Does your child wear glasses contact lenses neither
- Please list and explain any major illnesses the child experienced during the last year:

Additional comments:

Should this child's activities be restricted for any reason? Please explain:

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Medications and Dosages

Name _____

Medication	Dosage

Student signature: Date: _____

Activities may include, but are not limited to the following: cookouts, swimming, lazertag, football, basketball, roller-skating, various games, soccer, volleyball, softball, baseball, camping, snowboarding, hiking, golfing, miniature golf, hayrides, Bible studies, summer camps, mission trips (domestic or international), other travel, and all Retreats.

Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church youth director prior to that event.

_____ has my permission to participate in youth group activities.
NAME OF STUDENT

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the First Baptist Church of Fremont and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the FBC Fremont. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release FBC, its ministers, adults, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by FBC, I/we agree to hold FBC free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider or if I/we do not carry any health insurance. Further, I/we affirm that the health insurance information provided above, if applicable, is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the youth minister, volunteers, or staff members.

Parent/
 Guardian Signature Date: _____

**** Please submit in writing any changes that occur in your health insurance policy.**

****This form goes into effect immediately and expires June 15, _____**