

Please print

Name: _____ Age _____ Birthday _____
 LAST FIRST MIDDLE

Year in school _____ Male Female Email _____

Address _____ City _____ State _____ Zip _____

Phone _____ Pager / cell _____

Medical insurance company _____ Policy # _____

Mother's name _____ Phone: Home _____ Work _____

Father's name _____ Phone: Home _____ Work _____

Emergency contact _____ Phone: Home _____ Work _____

Physician _____ Office phone _____

Dentist _____ 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. Include names of medications and dosages that are currently being taken.

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

1. Does your child have allergies to:
 - pollens medications food insect bites other _____
 - please list any specific allergies to peanuts or other nuts _____

2. 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 other _____

3. Date of last tetanus shot: _____

4. Does your child wear glasses contact lenses

5. 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: _____

For your information, we expect each student to conform to these rules of conduct:

Respect Ministry Leaders' Authority, No fighting, Participation with the group is expected
 Respect property, Respect one another, staff, and adult leaders,
 Respect and comply with event schedules

Students who fail to comply with these expectations may be sent home at their parents' expense.

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Student signature: _____ Date: _____

Liability Waiver, Release & Assumption of Risk

Unconditionally release, waive & consent not to sue the Forestville Baptist Church (FBC), officers, directors, administrators, agents other employees and volunteers of (FBC) sponsoring agencies and sponsors, for any & all liability to the undersigned, their heirs & next of kin. This is for any claims or losses on account of injury, including death, or damage to property, while participating in any & all of the (FBC), official or unofficial activities, events or trips. This waiver, release, assumption of risk, and Agreement not to sue discharges in advance (FBC), from all liability even though that liability may arise out of the (FBC), active or passive negligence.

Permission to Administer Medical Care

As the parent / guardian of the participant named above, I request in my absence the named student be admitted to any hospital or medical facility for diagnosis & treatment. In case of injury, accident or illness, I authorize the teachers & on-site volunteers, medical/first aid staff to provide appropriate medical treatment. If an emergency transport is deemed necessary, I authorize the same to summon an ambulance to transport the student to the hospital. I request & authorize physician, trainers, technicians, first aid personnel, nurses & dentists, to perform any diagnostic treatment, or operative procedures & x-rays for the named student. I have been given no guarantee as to the results of examination or treatment. I accept total responsibility for any and all medial costs of the above student whether or not covered by my insurance.

I have read and understand the above release and grant my permission to Administer medical care.

Participant name print

Participant signature

Date

Parent / Guardian Name print

Parent / Guardian signature

Date

Student Name: _____ has my permission to attend Youth/ Children's activities sponsored by Forestville Baptist Church.

This is a blanket event form and must be signed by the parent/guardian & student and Updated annually.