FIRST BAPTIST CHURCH
CENTERVILLE

MEDICAL WAIVER/RELEASE/CONSENT 2023

INSTRUCTIONS: This form is to be completed once a year. If at any time during this year any of the information below changes, the parent/guardian of the student listed below will take responsibility to notify the church office.

Print Full name of Student:_____ Home Phone:_____
Address:_____ Cell Phone: _____
Town:_____State:_____Zip:_____Age:_____Grade:_____
Date of Birth:_____ Gender:_____ Height:_____ Weight:_____
Social Security Number:_____ Place of Birth:_____
E-mail address: _____ School Attends:_____

EMERGENCY CONTACTS

Parent/Guardians Name:_____ Cell Phone:_____
Address (if different from above) _____
If not available in an emergency, notify:_____ Home Phone:_____
Address:_____ Work Phone:_____
Relationship to Student:_____ Cell Phone:_____

MEDICAL PROFILE AND HISTORY

Name of Doctor:_____ Phone:_____
Address:_____
Name of Dentist: _____ Phone:_____
Address:_____
Does this student have any medical or health problems, and has this student had any chronic or recurring illness which would have any effect on the student's participation in an activity with the church? Yes [ ] No [ ]
Are there any activities (including swimming), to be restricted for this student? Yes [ ] No [ ]
If yes, please describe the problems or illnesses _____
_____
_____

Check the following conditions your child has had or currently has:

____ADD/ADHD	____Asthma	____Diagnosed Phobias	____Heart Disorder
____Anemia	____Bronchitis	____Dizziness/Fainting	____Kidney Disorder
____Anxiety Attacks	____Chronic Headaches	____Epilepsy	____Migraines
____Appendicitis	____Diabetes	____GI/Stomach Disorder	____Other

Please list any conditions not mentioned above _____
Please list all allergies your child may have. These may include allergies to certain food, medication, insect bites or stings, pollen, plants, or animals: _____
Is this student on any medication? Yes [ ] No [ ] Please list _____
If so, will this student be bringing the medication to the activity?_____
Describe any special procedures for taking the medication:_____
Describe any special dietary restrictions this student is required to observe:_____
Blood type:_____ RH Factor:_____ Date of last Tetanus:_____ Contact Lenses? Yes [ ] No [ ]
List dates, place & purpose of any x-ray's, transfusions, surgeries:_____
_____

(Please turn sheet over and complete)

FBCC MEDICAL WAIVER/RELEASE/CONSENT continued:

INSURANCE INFORMATION

If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your student is involved with the church activity. **Please attach a front and back copy of the student's insurance card.**
Do you have health insurance? Yes [ ] No [ ]

Name of Insurance Company: _____ Policy #_____ Group #_____
Name of Policy Holder:_____ Insurance Co. Phone_____
Any other information:_____

I understand that, in the event my child requires medical or dental treatment while engaged in any activity with First Baptist Church, Centerville, reasonable efforts will be made to contact the persons listed on this form; however, if I cannot be reached, I hereby consent and give my permission to the staff member or any adult chaperone acting on behalf of the ministry with respect to the activity, as agent for me, to consent to any X-ray examination; injections; anesthesia; medical, dental or surgical diagnosis and treatment; and hospital care and treatment advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either as an outpatient or in any hospital.

To the best of my knowledge, I have listed above all of my child's medical allergies, medications, medical problems and other pertinent information.

I understand all reasonable safety precautions will be taken at all times by First Baptist Church and its agents during the events and activities in which my child participates. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold First Baptist Church of Centerville, its staff, leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

PICTURE IMAGE AND VIDEO RELEASE

For valuable consideration received, I hereby give Revive Student Ministry and First Baptist Church the absolute and irrevocable right and permission, with the respects to photographs and video images that it has taken of my child or in which they may be included with others, to copyright the same in its own name or any other name that they may choose, to use, re-use, publish, and republish the same in whole or in part, individually or in conjunction with other photographs, in any medium and for any purpose whatsoever, including (but not limited to) illustration, promotion, advertising and trade, and to use the name of my child in connection therewith if it so chooses.

Parent/Guardian Signature: _____ Date: _____

Signature of Student: _____ Date: _____

NOTARY **SEAL**

_____
(Notary)

_____
(Date Commission Expires)

_____
(Today's Date)