

Annual Medical Release & Permission Form 2020

Please print in ink

Name: _____ Age: _____ Birthday: _____
Last First Middle

Grade _____ Gender: M F Check all that apply: Facebook Twitter Instagram Text

Address _____ City _____ State _____ Zip _____

Cell _____ Email _____

Medical insurance company _____ Policy# _____

Mother's name _____ Phone _____ Email _____

Father's name _____ Phone _____ Email _____

Emergency Contact _____ Phone _____ Email _____

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 must be taken.

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

- For your child's safety and our knowledge, is your student a:
 good swimmer fair swimmer non-swimmer
- Does your child have allergies to?
 pollen medications food insect bites
- 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
 Physical handicap frequently upset stomach
- What medications may we administer? (ex: Tylenol) _____
- Does your child wear: glasses contact lenses
- Please list and explain any major illnesses the child experienced during last year;

Additional comments:

Should this child's activities be restricted for any reason? Yes No If yes, please explain:

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

- No possession or use of alcohol, drugs, or tobacco.
- No fighting, weapons, fireworks, lighters, or explosives.
- No offensive or immodest clothing.
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters.
- 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 parent and/or student, have read the rules of conduct, the above evaluation of my health, and permission to participate in FCBC activities. I agree to abide by the stated personal limitations and code of conduct.

Parent and/or Student Signature: _____ **Date:** _____

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, roller-skating, rollerblading, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, and hayrides. *Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church prior to that event.*

_____ has my permission to attend all activities.

Name of Student

sponsored by **Flat Creek Baptist Church** (hereinafter the "Church") from January 1, 2020 through December 31, 2020

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

I, the undersigned, have legal custody of the student named above, a minor, and have given consent for him/her to attend events being organized by the church on and off campus. I understand that there are inherent risks involved in any ministry or athletic event, and I hereby release the Church, its pastors, employees, agents, 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 child's involvement, in the event that he/she is injured and requires the attention of a doctor. I 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 the Church, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I 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. Further, I affirm that the health insurance information provided above is accurate at this date and will, to the best of my knowledge, still be in force for the student named above. I also agree to bring my child home at my own expense should they become ill or if deemed necessary by the minister over said event.

Parent/Guardian Signature: _____ **Date:** _____

Flat Creek Baptist Church • 161 Flat Creek Trail • Fayetteville, GA 30214 • 770.487.4890