



Medical Release Form 2015 - 2016

First Baptist Church
525 W. Hayden Pike
North Vernon, IN 47265

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Valid from September 2015 – August 2016

Form must be completely filled and signed by a parent/guardian (on back). Please print clearly.

Student Information

Name: _____ Age: _____ Birthday: ____/____/____
Address: _____ Phone: (____) ____-____ Sex: ____
City: _____ State: _____ Zip: _____ SS: ____-____-____

Do you currently attend a church? Yes No

Is that Church First Baptist Church North Vernon? Yes No

If not where? _____

Parent/Guardian Information

Name(s): _____ Home phone: (____) ____-____
Address: _____ Work phone: (____) ____-____
City: _____ State: _____ Zip: _____

Insurance Information

Do you have health insurance, which covers this student? Yes / No

Name of Company: _____ Policy #: _____

In whose name is the insurance: _____ Group #: _____

Family Doctor: _____ City: _____ Phone: _____

Health History

If this student should require medical attention for injuries received or illnesses contracted prior to an event/activity, please provide us with the necessary information to give him/her proper medical care during his/her participation with the student ministry.

Please list any pre-existing or present medical conditions: _____

Names and dosages of current prescription medications: _____

Allergies / Severe Reactions (please circle and list below): _____ Drugs / Food / Other

Activity / Dietary Restrictions: _____

Additional Comments: _____

(over)

Parental Medical / Liability Release Statement:

The above stated student has permission to travel with First Baptist Church, North Vernon, Indiana, or attend all youth activities from September 2015 to August 2016. While I understand that First Baptist Church will take all reasonable steps to provide individual care and safety to my student, I am aware that First Baptist Church, their employees, or agents cannot assume any responsibility for an injury, damage, or harm which might result during the course of any activity during functions so sponsored. In consideration of permitting my youth to participate, I agree that full responsibility will remain with me as parent or guardian of my student. Should any claim be asserted by any person as the result of the acts of my student while participating in the course of activities provided by First Baptist Church, or traveling to or from such activity, or should my student assert any claim against First Baptist Church or its employees or agents, I agree to indemnify and hold First Baptist Church harmless from any attorney fees and costs incurred by First Baptist Church in defense thereof. I further authorize medical treatment of my student in the event of illness or injury sustained in my absence while my student participates in the course of activities provided by First Baptist Church.

Signature of parent / Guardian

Date