

PLEASE PRINT

- FBCMPTX MEDICAL INFORMATION / RELEASE FORM -

VALID DATES:

NEEDS to be Notarized ON BACK

It is understood that all information is current until notification in writing.

January 1 – December 31, 2018

Participant
NAME _____
(First) (Middle) (Last)

GENDER: M ___ F ___ AGE _____ DATE OF BIRTH: ___ / ___ / ___ GRADE: _____

Mailing
ADDRESS _____
(Address) (City) (State) (Zip)

HOME PH () _____ CELL PH () _____

EMAIL ADDRESS: _____

FATHER's NAME _____ D.O.B. ___/___/___ PH () _____

MOTHER's NAME _____ D.O.B. ___/___/___ PH () _____

ALTERNATE CONTACT WHO COULD COME FOR THE YOUTH or KNOW WHERE TO REACH A PARENT:

NAME _____ PH () _____

PHYSICIAN _____ PH () _____

THE FOLLOWING INSURANCE INFORMATION IS NEEDED IN CASE MEDICAL TREATMENT IS REQUIRED:

(Please COPY THE FRONT AND BACK OF YOUR INSURANCE CARD & ATTACH THE PHOTO COPY TO THIS FORM! If you have a Prescription Plan, Please copy your PRESCRIPTION CARD and ATTACH THE PHOTO COPY TO THIS FORM as well.)

NAME OF INSURANCE COMPANY: _____

NAME OF POLICY HOLDER: _____

INSURANCE COMPANY PHONE NUMBER: () _____

ADDRESS WHERE CLAIMS ARE MAILED TO: _____

MEMBER # : _____

GROUP # : _____ PLAN # : _____

SWIMMING (Circle One): NON-Swimmer FAIR Swimmer GOOD Swimmer

COMPLETE THE FOLLOWING INFORMATION:

DATE OF LAST TETANUS INJECTION: _____

DRUG ALLERGIES (List): _____

FOOD ALLERGIES (List): _____

INSECT OR NATURAL ALLERGIES (List): _____

DIABETES OR INSULIN _____ TYPE _____

List any other pertinent Medical, Physical, or Mental issues, or Instructions we need to be aware of: (Attach Sheet if Needed!)

PLEASE FILL IN THE INFORMATION ON BACK! Bottom Part of BACK PAGE MUST Be NOTARIZED!

- over -

Name: _____

MEDICATION INSTRUCTIONS (ATTACH ADDITIONAL SHEETS IF NECESSARY)

<u>Drug Name and Strength</u>	<u>Reason for Taking:</u>	<u>Dosage</u>	<u>Frequency</u>

To the best of my knowledge, the above instructions are correct and complete. [Sign and date the blank(s) below for instructions on WHO will be allowed to administer the medication(s):]

I hereby give permission for my Son / Daughter to administer the proper medication and dosage at the required time(s) him/her self.

Parent or Guardian Signature

Date

I hereby give one of the Adult Sponsors / Chaperones on this trip permission to administer the proper medication and dosage at the required time(s).

Parent or Guardian Signature

Date

***NOTICE:** In many Camp / Encampment / Retreat facilities, a Camp Nurse or a Camp Physician may be present, and REQUIRED BY LAW to administer the proper medications and dosages at the required time(s)! In those situations, the medication will need to be in the ORIGINAL container with the patients name on it, in order to have access to the prescription process!

↓*Participant Involved on trip / activity.↓

I, _____, willingly and knowledgeably plan to take part in various sponsored activities, trips, outings and camps of The First Baptist Church Mt. Pleasant, TX. I am physically able, have permission to participate, and accept the risks involved in all aspects of my participation, including transportation associated with such events. I understand that in the event I require medical or dental treatment while engaged in the various sponsored activities, trips, outings & camps, reasonable efforts will be made to contact the person(s) I listed on the front of this form; however, I give my permission for the designated/approved church representative or sponsor to secure any needed medical treatment for me. I release The First Baptist Church, it's representatives and sponsors from liability for accidents, injuries, and even death, during activities, trips, outings and camps connected to The First Baptist Church. I further understand and agree that, in the event that I am involved in any inappropriate or dangerous activities, I will pay all my expenses and leave the activity/camp immediately at the discretion of the approved sponsors and/or church representative. I have supplied, understood, and agree to all the information contained on the Medical Information / Release form. For good consideration the undersigned individual hereby agrees to provide his or her assigns, licensees, and legal representatives the irrevocable right to use my name (or any fictional name), picture, portrait, video, or photograph in all forms and media and in all manners, including composite or distorted representations, for advertising, trade, or any other lawful purposes, and I waive any right to inspect or approve the finished version(s), including written copy that may be created in connection there with. I have read this release and am fully familiar with its contents and I understand that this agreement is a release of all claims including the negligence of the church and all

.....
PARENTS / GUARDIANS SIGNATURE: (Signatures BETWEEN the red dotted line must be signed in front of Notary.)

SEAL / STAMP

DATE: _____

DATE: _____

NOTARY PUBLIC: _____ DATE: _____

MY COMMISSION EXPIRES: _____

.....
I PROMISE TO COMPLY WITH AND ABIDE BY THE RULES AND/OR REGULATIONS THAT MAY BE ESTABLISHED FOR MY SAFETY AND FOR THE SAFETY OF THE OTHERS ON THIS PARTICULAR ACTIVITY OR TRIP. IF I DO NOT FOLLOW THESE RULES, I REALIZE THAT I MAY BE RETURNED HOME FROM THE ACTIVITY PREMATURELY WITHOUT A REFUND! I ALSO REALIZE THAT MY PARENTS MAY BE ASKED TO COME GET ME, OR REIMBURSE THE TRANSPORTATION EXPENSES NEEDED TO RETURN ME HOME.

Youth PARTICIPANT'S SIGNATURE: _____ DATE: _____