

Liability and Medical Release for Yearly Activities and Field Trips

First Baptist Church of Palmetto 1020 Fourth Street West Palmetto, Florida 34221

Liability Portion:

I (We), the parent(s) of _____ do hereby give consent for our son/daughter to participate in activities and selected field trips for First Baptist Church of Palmetto from **January 1, 2009 through December 31, 2009.**

I (We) do release and agree to hold harmless First Baptist Church of Palmetto and the director thereof from any and all liability, claims or demands for personal injury, as well as, damage and expenses of any nature that may be incurred by the parent / guardian and student-participant that occur while the student is participating in the above described trip or activity. I (We) on behalf of our student-participant, assume all risk of personal injury, damage and expense as the result of participation in recreational activities involved. Authorization and permission are given to said church to furnish any necessary transportation, food and lodging for our student-participant. I (We), as parents / legal guardians of the child-participant, give our permission for him / her to participate fully in the trips / activities of First Baptist Church. I (We) give our permission to take said participant to a doctor or hospital and authorize medical treatment, including but not in limitation to, emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any. I (We) understand that I (we) will be contacted if at all possible and that our family physician will be contacted if possible, but in the event that he / she cannot be reached, the minister / trip leader may choose a reputable physician.

I grant I do not grant First Baptist Church of Palmetto permission to use photographs, video and digital photography of (enter your student's name) _____ taken during church related events for church related publications.

Parent or legal guardian's signature

Signed before me on this _____ day of _____, 200____, who is personally known to me, or has produced identification, _____.

Date _____, 200____

Notary Public Signature

Seal

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(Continued)

Medical Portion:

Mother's Name	Place of Employment	Work Phone	Cell phone
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Father's Name	Place of Employment	Work Phone	Cell Phone
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In case of emergency and the custodial parent cannot be reached, contact:

Full Name	Relationship	Home Phone	Work Phone	Cell Phone
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Street Address	City	State	Zip
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Student's Dentist:	Dentist's Phone#:	Student's Physician:	Physician's Phone #:
_____	_____	_____	_____

Hospital Choice: _____ Date of Birth _____ / _____ / _____

Insurance Company Name & Address: _____

Policy #: _____ Phone: (_____) _____

Any physical limitations or allergies: _____

Medication Authorization:

In the event of minor illness or injury, my student has permission to take the following Over-the-counter medications according to the label instructions. (Check all that apply.)

_____ Acetaminophen (Tylenol) _____ Ibuprofen (Advil) _____ Sudafed (decongestant)

_____ Imodium (anti-diarrhea) _____ Benadryl (antihistamine) _____ Antacid

Students may carry their own medications. However be reminded that sharing of prescription Medications are strictly prohibited by law.

Prescription medications my student will carry:
