

**First Baptist Church of Laurens, South Carolina
2013 Medical Release and Consent Form**

Individual Information:

Name _____ Birthdate _____

Sex _____ Age _____ Last Grade Completed _____

Home Address _____ Home Phone _____

Cell Phone _____

Name of Emergency Contact _____

Phone _____ Alt. Phone _____ Relationship to Student _____

Address _____ Home Number _____

Family Physician _____ Office Phone _____

Family Dentist _____ Office Phone _____

*Health Insurance Carrier _____ Acct. No. _____

*Please attach a copy of your insurance card.

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 student is subject and of which the staff should be aware, and what (if any) action or protection is required on account thereof. Please submit this notification in writing and attach it to this form. Please check the following areas of concern for this student. If necessary, add additional pages for details.

Does this student have allergies to any drugs, foods, insects, or other allergens?(Y / N)

Please list and provide details:

Does this student suffer from or have a history of treatment for any of the following:

- | | |
|--|--|
| <input type="checkbox"/> Heart Trouble | <input type="checkbox"/> Psychological or Emotional Handicap |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Cancer |
| <input type="checkbox"/> Epilepsy/Seizure | <input type="checkbox"/> Blood Disorder |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Frequent Headaches |
| <input type="checkbox"/> Physical Handicap | <input type="checkbox"/> Digestive/Intestinal Disorders |

Does this student take daily or regular medication? (Y / N)

Please list the name and dosage, as well as any other relevant details:

Please list any surgeries or serious injuries, as well as the date they were experienced:

Please list any restrictions relevant to activities that may be involved in this event:

Consent for Photography and Publication of Images: I do () or do not () give permission for my child to be photographed and/or video or audio recorded while attending First Baptist Church events. I understand that these pictures may be shared at First Baptist Church and on our website or other media outlets. Full names will not be used in association with any picture on our website.

For your convenience we allow you to authorize use of this form for the entire calendar year if desired. Please indicate your preference. If none is indicated use of this form will be limited to the specific event it precedes.

() I agree to let First Baptist Church use this form for any and all youth activities taking place on or before December 31, 2014.

() I would rather fill out individual consent forms for future trips and activities.

This health history is correct so far as I know, and the named student has my permission to attend activities sponsored by First Baptist Church Laurens, SC (hereinafter the "Church").

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 student. I/we the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/we understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, it's 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/our student's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we 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/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/we 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/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our student home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member. This consent form also gives permission for named student to be driven by an adult to or from an activity.

I have read and consent to the terms of this form:

Parent/Guardian Signature

Date

Student Signature

Date