

Magnolia's First Baptist Church Student Ministry Medical Release

First & Last Name: _____ Grade 2016-2017 school year: _____
Gender: M / F T-Shirt Size: _____ Address: _____
City: _____ Zip: _____ Date of Birth: ____/____/____
Phone Number: _____ E-mail: _____

Medical and surgical waiver/general release and hold harmless agreement
To be completed by parents or legal guardians of participants under 18 years of age:

I, _____ parent and/or legal guardian of _____, hereby acknowledge that said student is presently under my care, custody and control. I hereby give him/her my express permission to attend any of the First Baptist Church of Magnolia's events, fellowships, and/or outings sponsored by the ministries of First Baptist Church of Magnolia, Texas. I further expressly grant my permission for said student to participate in all activities of each event and/or outing.

In the event there arises an emergency necessitating medical or surgical attention, I hereby consent and give my permission to the First Baptist Church of Magnolia, Texas or its representatives, the sponsors, or any attending physician to make such decisions and to perform such medical treatments and/or surgery upon the said student which may in their sole discretion be necessary and proper under the circumstances. I also consent and give my permission for nurse/staff to give over-the-counter medications to students such as ibuprofen, Tylenol, etc. with exceptions of: _____.

I also release, acquit, and forever discharge the First Baptist Church of Magnolia, Texas, their personnel, chapter-ones, and any parties volunteering on behalf of the Church from any and all actions, damages, liabilities, costs, or expenses of any kind resulting from or relating to activities of each event, fellowship, and/or outing. I acknowledge that this is full and complete release for all injuries and damages, which the above said student may sustain as a result of participating in the activities.

I understand that the said student can and will be dismissed from any event, fellowship, and/or outing and sent home at my expense if he/she does not adhere to the rules.

PLEASE PRINT ALL MEDICAL INFORMATION:

Parent or Guardian _____
Address _____ City _____ Zip _____
Home Phone _____ Work Phone _____ Cell Phone _____
Medical Insurance Carrier _____ Policy Number _____
Emergency contact _____ Emergency Contact Phone _____
Relationship of Emergency Contact _____ Date of Last Tetanus Shot _____
Physical Limitations: (asthma, diabetes, migraines, allergies, etc.)

Special instructions that might be helpful to physician: (medicine, allergies, rare blood type, etc.)

MUST BE COMPLETED IN PRESENCE OF A NOTARY

(Is a Notary Present?) Parent/Guardian Signature _____

Date: _____ (THIS FORM EXPIRES ON MAY 31ST 2018)

Notarization: