

# Magnolia's First Baptist Church Student Ministry Medical Release

First & Last Name: \_\_\_\_\_ Grade 2018-2019 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 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 medically necessary or 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 31<sup>ST</sup> 2020) Notarization: