

2011 MEDICAL RELEASE & PERMISSION FORM

First Baptist Church 2350 Central Ave. Hot Springs, AR 71901 501-624-3345 fbchsark@yahoo.com

Name _____ Date of Birth _____ Age _____ Gender _____

Address _____ Grade for School Year 2009-2010 _____

City _____ State _____ Zip _____ Home Phone _____

Parent/Legal Guardian Names _____

Cell Phone (Dad) _____ (Mom) _____

E-Mail (Dad) _____ (Mom) _____

Family Physician _____ Phone Number _____

Family Insurance Company _____ Policy Number _____

In the event of an emergency, give the name and phone number of friends or relatives we can contact who will know how to reach parents or guardians. **You MUST complete this information.**

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Past Medical History (Circle-giving appropriate information)

Sinusitis Bronchitis Kidney Trouble Heart Trouble Diabetes Dizziness Hay Fever Asthma Allergies

Allergies (list type):

Food _____

Drugs _____

Insect Stings/Bites _____

Immunizations : Tetanus Polio Booster Measles Mumps (Circle if current/up to date)

Previous operations or serious illnesses _____

Any current medications (list) _____

Special Diet _____

Any other special instructions: _____

Permission and Release

My permission is granted for the staff members or the designated/approved church representatives of FBC Hot Springs to obtain necessary medical attention in case of sickness or injury to my child, _____.

I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all sponsors and First Baptist Church Hot Springs, and its staff/representatives, from any and all claims, demands, actions, or cause of action, past, present or future arising out of any damage of injury while employed by or participating in the 2011 Youth Ministry events.

The rights, powers, and authority of said representatives to exercise any and all of the rights and powers herein granted shall commence and be in full force and effect on the date listed below, and such rights, powers and authority shall remain in full force and effect thereafter until revoked by me in writing.

At all Youth Ministry events digital pictures are taken for the sole purpose of promotion. I understand that my son/daughter's picture may be used on our website or publications to promote Youth Ministry events.

I have supplied, understood, and agree to all the information contained on this Medical Release Form.

I, _____ (parent/guardian name), having legal custody of

_____ (name of minor) who resides with me at the above address, am entrusting the care of him/her to the adults responsible for the program sponsored by the church.

Parent/Guardian Signature _____ Date _____

DO NOT WRITE BELOW THIS LINE-NOTARY ONLY!

STATE OF ARKANSAS

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, _____. By _____.

Notary Signature _____

Personally known _____ OR Produced Identification _____

Type of Identification Produced _____

Notary Stamp