

**PERMISSION, MEDICAL CONSENT, AND LIABILITY RELEASE
FIRST BAPTIST CHURCH ST. CHARLES**

Please fill out both sides of the form and have it notarized.

As parent or legal guardian, I hereby give permission for my child to participate in the activities organized by First Baptist Church St. Charles, during the period of September 1, 2009 through August 31, 2010.

Student's Full Name: _____

Sex: _____ Birthday: _____ Age: _____

Parent or Guardian Name: _____

Home Address: _____

Home Phone: _____ Cell Phone 1: _____

Business Phone: _____ Cell Phone 2: _____

If not available, please notify: _____

Address: _____ Phone: _____

Name of Physician: _____ Phone: _____

Student's Allergies: _____

Any Medical or Health Problems: _____

List Any Medications Taken: _____

Name of Insurance Company: _____

Address: _____ Phone: _____

Name of Policy Holder: _____

Group Number: _____ Policy Number: _____

Please attach a copy of insurance card.

I understand that in the event of a medical emergency, every effort will be made to contact the parent or guardian listed above. However, in the event that the above-named parent or guardian cannot be reached, I hereby authorize the church minister(s) or any youth sponsor(s) present on such trip, activity, or event to select such physicians, nurses, medical authorities, and/or hospitals to administer proper treatment for my child and/or to order and have administered to him/her such injection, medication, anesthesia, surgery, hospitalization, or such other medical practices as is deemed necessary. I understand that any personal medical and hospitalization insurance available to my family will provide primary coverage, and I agree to apply first for benefits from the personal hospitalization and medical coverage available to my family, if any.

I am aware that my student will be given the choice to participate in activities that may be physically and emotionally demanding and where certain inherent risks and dangers may exist. I recognize that there is an element of risk in any adventure, sport, or activity. My student may be exposed to extraordinary physical hazards, weather conditions, or other unknown events. I have noted on this Medical Release Form any and all conditions which may affect my student's participation. I do hereby assume all risks, and I freely agree to release and hold harmless First Baptist Church St. Charles, its representatives, assistants, employees, and all related entities from any and all liability, loss, or damage actions, claims, and demands which my student now has or which may arise from his/her participation in these activities. This shall serve as a release and assumption of risk for their heirs, executors, and all personal representatives.

I further state that I have listed above all known allergy and health problems for my child and any other information pertinent to his/her health, including medications he/she takes. I agree to revise this information, as it may change during the time parameters of this form, so that the above reflects the current health status of my child at any given time. I am retaining a copy of this form for my files.

I also hereby give First Baptist Church St. Charles permission to use video and still photography of my child for any appropriate promotional use.

Signature: _____ Date: _____

The foregoing statement was acknowledged before me this _____ day of _____

20__ by _____

- who is personally known
- who has produced _____ as identification

Signature of Notary: _____

Typed/Printed Name of Notary: _____