

2009 MEDICAL RELEASE FORM

FIRST BAPTIST SWEETWATER STUDENT MINISTRIES

First Baptist Sweetwater Church ~ 3800 Wekiva Springs Road
Longwood, Florida 32779 ~ USA
Phone 407-862-3893 ~ Fax 407-862-3886

Effective dates: January 1, 2009 to December 31, 2009

Please print in ink

Name: _____ Age: _____ Birthday: _____
Last First Middle

Grade in school _____ Male Female Email _____

Address _____ City _____ State _____ Zip _____

Home # (_____) _____ Pager /Cell # (_____) _____

Medical insurance company _____ Policy # _____

Mother's name _____ Home # (_____) _____ Work # (_____) _____

Father's name _____ Home # (_____) _____ Work # (_____) _____

Emergency contact _____ Home # (_____) _____ Work # (_____) _____

Physician _____ Office # (_____) _____

Dentist _____ Office # (_____) _____

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 child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

Check the following areas of concern for this student. If necessary, add another page with details:

- For your student's safety and our knowledge, is your student a
 good swimmer fair swimmer non-swimmer
- Does your student have allergies to:
 pollens medications food insect bites other _____
- Does your student suffer from, or has ever experienced, or is being treated currently for any of the following:
 asthma epilepsy / seizure disorder heart trouble diabetes
 frequently upset stomach physical handicap other _____
- Date of last tetanus shot: _____
- Does your student wear: glasses contact lenses none
- Please list and explain any major illnesses your student experienced during the last year:

- Additional comments: _____

8. Should your student's activities be restricted for any reason? No Yes

Please explain: _____

9. For your information, we expect each student to conform to these rules of conduct as well as any other expectation communicated verbally or in writing for each event:

- | | |
|--|---|
| No possession or use of alcohol, drugs, or tobacco | No students can drive during events |
| No fighting, weapons, fireworks, lighters, or explosives | Respect property |
| No offensive or immodest clothing | No boys in girls' sleeping quarters |
| No girls in boys' sleeping quarters | Full participation with the group |
| Respect one another, staff, and adult leaders | Respect and comply with event schedules |

10. Students who fail to comply with these expectations may be sent home at their parents' expense.

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal expectations and code of conduct.

Student Signature: _____ Date: _____

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, rollerskating, rollerblading, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides, mission work, i.e. painting, yard clean up, community canvassing. *Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the Church and the Minister responsible for that particular event prior to that event.*

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, its 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.

Parent /Guardian signature: _____ Date: _____

Printed Name of Notary: _____

Acknowledge before me this _____ (day) of _____ (Month) 2009

Signature of Notary: _____

State of _____ My Commission Expires: ____ / ____ / ____ (Date)