**First Baptist Church Gladewater**

**Medical Release and Permission Form 2018**

Child's Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_M \_\_\_\_\_F T-shirt size \_\_\_\_\_\_\_\_\_\_\_

Birth date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_ School

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State \_\_\_\_ Zip\_\_\_\_\_\_

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Wk. #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Wk. #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In case of emergency notify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Physician\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Insurance Co.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical History**

**(Check ALL appropriate information)**

\_\_\_\_\_Asthma \_\_\_\_\_Sinusitis \_\_\_\_\_Bronchitis \_\_\_\_\_Kidney Trouble \_\_\_\_\_Heart Trouble \_\_\_\_\_Diabetes \_\_\_\_\_Dizziness

\_\_\_\_\_Epilepsy/Seizure Disorder \_\_\_\_\_Upset Stomach \_\_\_\_\_\_Hay Fever \_\_\_\_\_\_ADD \_\_\_\_\_ADHD

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Foods: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Penicillin or Other Drug: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List any medications your child takes regularly: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please rate your child’s swimming: \_\_\_\_\_good swimmer \_\_\_\_\_fair swimmer \_\_\_\_\_non-swimmer

Should your child’s activities be restricted for any reason? Please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorization**

*This consent form gives permission to seek whatever medical attention is deemed necessary, and releases First Baptist Church Gladewater, and its staff of any liability against personal losses of named child.*

I/We the undersigned have legal custody of the student named below, a minor, and have given our consent for him/her to attend events being organized by First Baptist Church Gladewater. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its ministers, 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 child’s involvement

While I understand that the Church will take all reasonable steps to provide individual care and safety for my child, I am aware that the Church or their employees or agents cannot assume any responsibility for an injury, damage or harm which might result during the course of any activity during functions so sponsored. In consideration of permitting my child to participate, I agree that full responsibility will remain with me, as parent or guardian of my child. 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. 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 child named below. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the Church staff member. I agree to pick my child up or make arrangements for them to be picked up from the church after an event.

Note: If you desire to limit your child’s participation in any event, please submit your wishes in writing to the Church prior to that event.

This document also gives my/our permission for my child to ride in private vehicles of adults supervising children.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Child’s Name) has my/our permission to travel and attend all activities sponsored by First Baptist Church Gladewater.

Parent/Guardian Signature(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Code of Conduct**

*We expect all participants to conform to these general rules of conduct*

• No fighting, weapons, fireworks, lighters, or explosives

• No possession or use of alcohol, drugs, or tobacco

• No offensive or immodest clothing or language

• Participation in all group activities

• Respect of property

• Respect of other participants, staff, and adult leaders

• Follow the security procedures established for activities within the church building and

at other locations

• Other rules established by staff and adult leaders

• The “laws of the land” will be respected and abided by at all times.

If a disciplinary situation occurs, parents will be contacted and made aware of the situation.

I have read (or had read to me) the rules of conduct, the above medical information, and permission to participate in activities. I agree to abide by the stated personal limitations and the code of conduct.

Parent/Guardian Signature(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_