

**First Baptist Church Summerfield, North Carolina**  
**Medical Release and Health Information**  
**Effective 2022-2023**

*Please print in ink*

Name: \_\_\_\_\_ Birthday \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Last First MI Male \_\_\_ Female \_\_\_

Fall of '22 School \_\_\_\_\_ Fall '22 Grade \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Second Parent \_\_\_\_\_ Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

Student email \_\_\_\_\_ Parent email \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Carrier Address \_\_\_\_\_ Name of Insured person \_\_\_\_\_

Name of Family physician \_\_\_\_\_ Phone \_\_\_\_\_

Name of Dentist/Orthodontist \_\_\_\_\_ Phone \_\_\_\_\_

Insured person's place of employment \_\_\_\_\_ Insured Person's social security # \_\_\_\_\_

**Health History:**

\_\_\_ Frequent Ear Infections

\_\_\_ Heart Defect/Disease

\_\_\_ Seizures

\_\_\_ Tourettes Syndrome

\_\_\_ Hay Fever

\_\_\_ Penicillin

\_\_\_ Mumps

\_\_\_ ADD/ADHD

\_\_\_ Chicken Pox

\_\_\_ Bleeding Disorders

\_\_\_ Mononucleosis

\_\_\_ Ivy Poisoning, etc.

\_\_\_ Insect Stings

\_\_\_ Downs Syndrome

\_\_\_ Measles

\_\_\_ Diabetes

\_\_\_ Asthma

\_\_\_ Other \_\_\_\_\_

\_\_\_ Drugs \_\_\_\_\_

Chronic or recurring illness or medical condition \_\_\_\_\_

Dietary restrictions \_\_\_\_\_

**Current Medications (List both prescription, OTC & herbal)**

Medication name: \_\_\_\_\_ Dosage \_\_\_\_\_ Reason for Taking \_\_\_\_\_

Medication name: \_\_\_\_\_ Dosage \_\_\_\_\_ Reason for Taking \_\_\_\_\_

Blood type (if known) \_\_\_\_\_ Are all immunizations current? (MMR, tetanus, hepatitis) Yes No

Describe your students swimming ability: Beginner Intermediate Advanced

Any other information you feel the leaders should know in advance about your student. \_\_\_\_\_

**For your information, these are our rules of conduct expected from each student**

**\*Respect one another, staff and adult leaders \* No alcohol, drugs, tobacco permitted \* No lighters permitted**

**\*No fighting, weapons, fireworks, explosives \* No students permitted to drive for events \* Respect property**

**\*No offensive or immodest clothing \* No boys in girl's sleeping quarters and vice versa expected \*Participation with the group**

**\*Respect and comply with event schedules**

*My child has permission to attend all church sponsored youth activities as listed in calendars and/or First Baptist Summerfield announcer, including but not limited to the following: cook-outs, boating, water-skiing, swimming, basketball, roller skating, rollerblading, game in the park, soccer, broomball, ice-skating, volleyball, softball, baseball, camping, downhill skiing, snow-boarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides. Note: If it is your desire to limit your child's participation in any event, please submit your wishes in writing to First Baptist Summerfield prior to that event*

Parent(s)/guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

First Baptist Summerfield Student Ministries

Waiver and Release from Liability

Effective: June 2022-June 2023

Initial

I (We) acknowledge that my child's participation in the First Baptist Summerfield youth program is voluntary and may require involvement in activities that require traveling or physical exertion. Such activities may include, but are not limited to: outings, athletic games, local excursions, and meetings. I (We) acknowledge that my child's participation in any First Baptist Summerfield youth activity presents risks that my child may suffer property damage, bodily injury, or death. Therefore, in consideration of my child's being allowed to participate in the First Baptist Summerfield youth program activities, I (we) agree to the following:

Initial

First Baptist Summerfield is not responsible for the loss or theft of personal belongings.

Initial

Misconduct may result in transportation home from an activity at parents' expense. A student dismissed for a disciplinary reason will **not** receive a refund of the activity fee.

Initial

I understand and authorize that my child's image may be photographed or filmed and used in video presentations, printed publications and the annual photo directory with their address of First Baptist Summerfield Ministries included on the website.

Initial

I hereby take the following action for my child, myself, my executors, administrators, heir, next of kin, successors, and assigns: A) **I waive, release, and discharge** from any and all claims or liabilities for death or personal injury damages of any kind, which arise out of or relate to my child's participation in First Baptist Summerfield's Youth activities, the following person, or entities: First Baptist Church Summerfield, its Senior Pastor and Associate Pastors, Elders, employees, volunteers, representatives, subcontractors and agents of any of the above: B) **I Agree not to sue** any of the persons or entities mentioned above for any claims or liabilities that I have waived, released or discharged herein expect in the case of gross negligence on the part of First Baptist Summerfield, First Baptist staff or volunteers and C) **I Indemnify and hold harmless** the person or entities mentioned above from any claims made or liabilities assessed against them as a result of my child's actions. **I hereby assume the risks of my child participating in all First Baptist Summerfield youth activities.**

Initial

The undersigned \_\_\_\_\_ (parent/guardian), the parent and natural guardian or legal guardian of \_\_\_\_\_ (minor's name) hereby executes this document for and on behalf of the minor named herein. I agree to indemnify and hold harmless the person or entities mentioned above for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the Waiver and Release.

Initial

I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility to treat the minor named herein for the purpose of attempting to treat or relieve any injury received by said minor, I authorize any such Medical provider to perform all procedures deemed medically advisable in attempting to treat or relieve any such injuries. I understand that my Primary Medical Insurance Carrier will be used to cover the expenses of medical care. I consent to the administration of anesthesia as deemed advisable. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of myself and said minor. I understand that attempts will be made to contact me in the most expeditious way possible. Permission is also granted to First Baptist Summerfield representative to provide the needed emergency treatment to the student prior to his admission to a medical facility

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

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

Parent(s)/Guardian Phone \_\_\_\_\_ Date \_\_\_\_\_

Notary Public Signature \_\_\_\_\_ Date \_\_\_\_\_