



2020 Student Ministry Events

FIRST STUDENT MINISTRIES MEDICAL INFORMATION FIRST BAPTIST CHURCH, Cabot

1. Student's Name _____ Gender: Male Female
Address _____ City _____ State _____
Home Phone _____ Cell Phone _____
Birthdate _____ Age _____ Grade _____

2. Parents Name _____
Address _____ City _____ State _____
Home Phone _____ Cell Phone _____
Place of employment (his) _____ Phone _____
Place of employment (hers) _____ Phone _____

3. In case of emergency and unable to reach parent, contact:
Name _____ Relationship _____
Address _____ City _____ State _____
Home Phone _____ Cell Phone _____

4. Please indicate any food and other allergies, medications (dosage, times, reason), health problems, and any other specific information needed in case of emergency care:

5. Insurance Company _____
Subscriber Name _____
Address _____ Phone _____
Policy Number _____ Group Number _____
Any other information we might need _____

6. Family Physician _____
Address _____ Phone _____

(over)

Medical & Indemnity Release

I am the natural parent, guardian, or managing conservator of the above mentioned student, a minor. I hereby give permission for my student to participate in the following activities of Cabot First Baptist Church.

I agree to unconditionally and absolutely RELEASE, WAIVE, INDEMNIFY, HOLD HARMLESS, AND DISCHARGE CABOT FBC, its, officers, employees, agents, representatives, successors, assigns, and volunteers from any and all responsibility owed to the student, the parent, or their legal representatives, heirs and assigns from any and all claims, losses, expenses, injuries, demands, actions, judgments, causes of action, and/or damages that I and/or the student have or may hereafter have, whether caused by the negligence or gross negligence of Cabot FBC, its officers, employees, agents, representatives, successors, assigns, and/or volunteers while the student is participating.

Further, should my student need medical treatment while attending the activities of Cabot FBC, I grant the authority to Cabot FBC, its officers, employees, agents, representatives, and volunteers to consent to medical treatment in the event I cannot be contacted. This authorization expressly includes the authority to sign releases on my behalf for medical services and facilities. I promise to assume liability for payment of all such medical services and facility fees and to reimburse Cabot FBC for any medical expenses that may be incurred on behalf of my student.

Video Consent and Release

Cabot First Baptist Church and its preschool/children/youth ministries (“Cabot FBC”) occasionally create ministry videos, publicity and/or public relations advertisements (“Visual Productions”) as a part of the work of Cabot FBC. While Cabot FBC is under no legal obligation to obtain a release for your child/children to be a part of these Visual Production (nor is Cabot FBC assuming any legal obligation arising out of this Consent and Release), Cabot FBC is attempting to affirmatively record your approval for your child/children’s participation in these Visual Productions. We request that you sign and return this form to Cabot FBC with respect to your child/children.

The agreement below allows you to express your approval for your child/children’s name, picture, art, written work, voice, verbal statements and/or portrait (video or still) (collectively, “Image/Statement”) to appear in Cabot FBC Visual Productions. These Visual Productions may or may not personally identify your child/children. The Image/Statement may be used by Cabot FBC in Visual Productions in subsequent years.

Consent and Release

The undersigned Parent/Guardian releases to Cabot FBC , the Image/Statement of the child/children listed below, and the undersigned consents to Cabot FBC’s use of the Image/Statement as a part of Cabot FBC Visual Productions.

The undersigned Parent/Guardian understands and agrees that:

- No monetary consideration shall be paid by Cabot FBC for use of the Image/Statement;
- The undersigned’s consent and release has been given without coercion or duress;
- The Image/Statement may be used in subsequent years by Cabot FBC.

This Consent and Release may be rescinded at any time with written notice to Cabot First Baptist Church, 204 North Third Street, Cabot, Arkansas 72023.

Parent’s Signature _____ Date _____