

FBC Fernandina Beach

1600 S 8th Street

Fernandina Beach, FL 32034

904-261-3617

Participant Form

Participant Name _____ Age _____ Date of Birth ___/___/___ Gender _____
Address _____ City _____ St _____ Zip _____
Name of Church _____ Address _____ City _____ St _____ Zip _____
Phone Numbers – Home:() _____ Work:() _____ Mobile:() _____
Pager:() _____ Other _____
In case of an emergency notify: _____

Grade _____ T-Shirt Size _____

Student Email: _____

Parent Email: _____

Medical Profile

Generally, Participant's health is: (check one) _____ Excellent _____ Good _____ Fair _____ Poor

If Fair or Poor, please explain your condition: _____

List any medical difficulties for which you are currently being treated: _____

Check any of the following that cause you problems and explain: Asthma _____ Sinusitis _____ Bronchitis _____ Kidney
Trouble _____ Heart Trouble _____ Diabetes _____ Dizziness _____ Stomach Upset _____ Hay Fever _____

List any medicines or substances to which you are allergic: _____

List any previous operations or serious illnesses: _____

List any medications you are currently taking: _____

List any special diet or special needs: _____

Childhood Diseases: _____ Chicken Pox _____ Measles _____ Mumps _____ Whooping Cough _____

Other _____

Date of Tetanus Immunization: ___/___/___

Family Physician: _____ Phone:() _____

Insurance Co.: _____ Policy # _____

Subscriber Name: _____ Subscriber # _____ Place of

Employment _____

Subscriber Occupation: _____ Work Phone() _____

Permission For Medical Treatment, Photograph/Video Notice, and Release and Indemnity

My permission is granted for the camp or event director, church official, any camp or event staffer, or adult present or in charge of First Aid, to obtain necessary medical attention in case of sickness or injury to my child. Also, I understand that as a participant, my child may be photographed or videotaped during normal camp or event activities and these photos/videos may be used in promotional materials.

I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge First Baptist Church of Fernandina Beach, FL, camp or event sponsors, or state conventions and their employees from any and all claims, demands, actions or causes of action, past, present, or future arising out of any damage or injury while employed by or participating in this camp or event. I agree to indemnify FBC of Fernandina Beach, FL for any and all claims, demands, damages, injuries, costs, suits or causes of action, past, present, or future, arising out of or caused by my child while participating in this camp or event or while on property leased or owned by FBC of Fernandina Beach, FL.

Complete and sign below (youth under 18 years of age requires Parent/Legal Guardian signature)

Participant's Signature _____ Date ___/___/___

Parent/Legal Guardian

Signature _____ Phone:() _____ Date _____

MEDICAL AUTHORIZATION FORM

_____ has my permission to participate in activities sponsored by First Baptist Church of Fernandina Beach, Florida.

In my absence or in the absence of an authorized parent or guardian of the Participant, I hereby authorize First Baptist Church, its agents, servants, employees or designees to administer first aid and to obtain and consent to on behalf for any emergency first aid or medical care by a physician, hospital, or attendant as a result of any involvement in the activities while traveling with this family. I agree to abide and be bound by such decisions and consents as if made by me and do assume full financial responsibility for and agree to pay all expenses of such care.

Name of Health Insurance Company: _____
Policy Number: _____

I further authorize any physician, hospital or medical attendant to receive full and complete medical reports or information deemed necessary by them with the respect to the treatment of my child. Execution of this document shall operate as an authorization of such person(s) to receive any medical information, which they require.

The medical authorization contained within this form shall be valid and usable by First Baptist Church during such periods of time as my child is involved in any such activities and shall remain valid unless revoked by me in writing.

Signature of Parent or Guardian: _____ Date: _____

Home Phone: _____ Work Phone: _____ Emergency Phone: _____