

Section 4: Waiver/Release of Liability

Legible written physician's directions should accompany all prescriptions medication to overnight events. Please include type of medication, dosage, frequency, condition being treated, physician's signature and DEA Number.

I hereby authorize the physican(s) and staff of any Medical facility to provide such hospital care that includes diagnostic procedures and medical treatment as necessary for the student while participating in First Baptist Church Student Ministry Events. Said medical treatment may be given without any further permission from the undersigned. I also authorize payment of medical benefits for any services furnished to the student by physicians or staff at the above facilities. I authorize you to release to my insurance company information concerning the health care provided to the student while attending off property events. In the event of injury or illness requiring transportation to an independent medical facility I authorize the release of all medical records generated at the facility to the staff of First Baptist Church. I understand this will enable a continuity of care upon the student's return and will provide the staff a means of informing the family members of the student's medical condition. Such records will remain a confidential part of the student's general record.

Printed Name of Parent/Guardian

Signature of Parent/Guardian Date

Section 5: Indemnification Agreement

Medical Attention. I understand that medical attention cannot be immediate in all circumstances. Medical attention will be dependent upon the time needed to remove the person from the program activity area such as a trail in remote areas.

Injury to Persons or Property. The Parent/Legal Guardian agrees that First Baptist Church shall not be liable to the Parent/Legal Guardian or any other person for any injury occurring in, on, or around the Premises or at other locations. The Parent/Legal Guardian further agrees that First Baptist Church shall not be liable for damages to the Parent/Legal Guardian's property or to property to any third person which may located in, on, or around the Premises or other locations. The Parent/Legal Guardian further agrees to indemnify and save First Baptist Church harmless from any and all claims or losses arising out of any default by the Parent/Legal Guardian hereunder or by injuries to person or property occurring in, on , or around the Premises or other locations including, without implied limitation, attorney's fees and/or cost of defending any action.

That I/WE hereby release First Baptist Church, its employees, officers, directors, and volunteers and any individual associated with First Baptist Church from any and all liability, including all expenses of litigation, which might arise from or be a result of my/our child's participation in the use of the premises and other locations, and further agree to fully indemnify and hold harmless any individual or entity herein named from liability from my/our child's participation in the use of the premises and other locations and that I/WE hereby WAIVE and RELEASE the parties herein categorized and entities herein named from any and all liability arising as a result or from my/our child's participation in the use of the Premises and other locations.

Print Name of Parent/Legal Guardian Signature of Parent/Legal Guardian Date

Mailing Address City State Zip Code

Phone Number of The Parent/Legal Guardian

I, _____, a Notary Public for _____ County, _____ (State) do hereby certify that _____

personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and seal this the ____ day of _____, 20____.

Notary Public

My Commission Expires _____, 20_____



first baptist
HENDERSONVILLE, NC

2010
Student Ministry
Photo/Video &
Medical Release

Form Instructions:

1. Completely fill out the form
2. Print legibly
3. Form MUST be notarized
4. **Do not sign Section 5 of the form until you are with the notary**
5. We have several notaries on the church staff. Please call the office at 693-3493 to set an appointment with Amy Parce.

STUDENT MINISTRY GUIDELINES

The following are the guidelines of the Student Ministry of First Baptist Church. These guidelines are in the best interest of the total ministry of the Church and they will be firmly, yet lovingly, enforced.

1. Enjoy yourself.
 2. Student will respect the authority of each adult involved in the Student Ministry. In the event that this respect is not given, parents will be immediately informed.
 3. In light of the spiritual focus of the Student Ministry, only Christian music will be played on trips. (The use of any personal listening devices will be at the discretion of the Student Leader.)
 4. Modest one-piece swimsuits for girls will be the standard for all Church activities. Chaperones will decide on questionable attire. You may be asked to wear a t-shirt over your suit.
 5. Everyone's shorts are to be school standard (finger-tip level while standing with arms extended straight down).
 6. T-shirt messages are to be wholesome.
 7. For your safety, do not wander the halls or parking lots. Please be at all scheduled activities you are scheduled to attend. (Parents will be notified by the Student Director for infractions of this rule.)
 8. No tobacco products, alcohol, or other controlled substances are allowed.
- If a discipline problem is deemed serious enough, the Student will be sent home at the parent's expense.**

Section 1: Student Medical Information

Student Information

Full Name _____
 Address _____
 City _____ST ____ Zip ____
 Parent/Guardian Name _____
 Phone Numbers:
 Home _____
 Work _____
 Cell _____
 Additional Emergency Contact:
 Name _____
 Phone _____

Insurance Information:

Policy Holder _____
 Insurance Provider _____
 Group Number _____
 Policy Number _____
 Phone Number _____

****Please provide a photocopy of both front & back of medical insurance card.**

Please attach any additional medical concerns

Section 2: Student Medical Info

Date of Last Tetanus Shot _____
 Date of Last DPT or DT Booster _____
 List all medications, dosage, & frequency

List any conditions (physical/emotional) of which we should be aware: _____

Medical History

****If the student has been exposed to any communicable disease within two weeks prior to event, please keep them home.**

Any operations, illnesses, or injuries during the past year

Other injuries/limitations _____

Any allergic reactions to the following:

____Bee Sting ____Penicillin
 ____Bactracin ____Hay Fever
 ____Poison Ivy ____Sumac
 ____Poison Oak____

Other (list) _____

Treatment required for allergy

Does you child have any of the following problems:

____Convulsions ____Bronchitis ____Bed Wetting
 ____Fainting ____Sinusitis ____Sore Throat
 ____Diarrhea ____Diabetes ____Frequent Colds
 ____Heart Trouble ____Sleep Walking ____Asthma
 ____Ear Infections ____Other _____

Circle medications First Baptist Church may administer:

Tylenol Ibuprofen Aloe Vera Mylanta
 Antihistamine Cough Medicine Tums Epipen
 Cough Syrup Cold Tablets Swimmer's Ear

Section 3: Medical/Photo/Video Release

By signing below, I, the Parent/Legal Guardian of _____ agree that I am aware of the recreations my child will be participating in, and that the information I have stated is true and complete. I also consent to his/her participation with First Baptist Church and associated activities. In the event of injuries, I authorize First Baptist Church, it's staff, volunteers and any agent of a medical facility to consent on my behalf to the performance of any and all medical treatment judged necessary and the administration of medication and/or anesthesia, until I am able to provide consent. I agree, individually and on behalf of the student named above, to release, indemnify and hold First Baptist Church, it's staff, & volunteers harmless from and against any injury or death which may be assessed against either as a direct or indirect result of activity or said medical treatment. I also agree to pay for all costs associated with this medical treatment, medication, or anesthesia which First Baptist insurance does not cover.

I also grant First Baptist Church to use my son/daughter's picture, voice and/or testimony, in any form of promotional or advertising associated with First Baptist Church.

Father / Mother / Guardian (circle one)

Signature Date