

**Friendly Avenue Baptist Church Student Ministries
Medical Release and Health Information
Effective: June 2010 - May 2011**

Please Print In Ink

Name _____ Birthday ____/____/____ Male Female
Last First Middle Init.

Fall of '10 School _____ Fall of '10 Grade _____

Parent/Guardian _____ Phone (H) _____ Phone (W) _____ Phone (Cell) _____

Address _____ City _____ State _____ Zip _____

Second Parent _____ Phone (H) _____ Phone (W) _____ Phone (Cell) _____

Alt. Emergency Contact _____ Phone (H) _____ Phone (W) _____ Phone (Cell) _____

Student email address _____ Parent email address _____

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 (Check. Give approximate dates)

Frequent Ear Infections Diabetes Bleeding Disorders
 Heart Defect/Disease Asthma Mononucleosis
 Seizures ADD/ADHD Downs Syn.
 Tourettes Syn. Chicken Pox Measles
 Mumps

Allergies (dates not needed)

Hay Fever Penicillin
 Ivy Poisoning, etc. Insect Stings
 Other _____
 Drugs (specify) _____

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 quarter & visa versa
- Participation with the group expected
- Respect and comply with event schedules

Failure to comply with these expectations could result in your child being sent home at your expense.

My child has permission to attend all church sponsored youth activities as listed in calendars and/or The Friendly Avenue Baptist Church announcer, including but not limited to the following: cook-outs, boating, water-skiing, swimming, basketball, roller skating, rollerblading, games 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 Friendly Avenue Baptist Church prior to that event.

Parent(s)/guardian Signature _____ Date _____

Student's Signature _____ Date _____

(Wait, there's more on back!)

**Friendly Avenue Baptist Church Student Ministries
Waiver and Release From Liability
Effective: June 2010 - May 2011**

I(We) acknowledge that my child's participation in the Friendly Avenue Baptist Church 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 Friendly Avenue Baptist Church 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 Friendly Avenue Baptist Church youth program activities, I (we) agree to the following:

Initial

Friendly Avenue Baptist Church 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 Friendly Avenue Baptist Church Ministries including the internet 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 Friendly Avenue Baptist Church's Youth activities, the following person, or entities: Friendly Avenue Baptist Church, it's 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 of the claims or liabilities that I have waived, released or discharged herein except in the case of gross negligence on the part of Friendly Avenue Baptist, Friendly Avenue 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 Friendly Avenue Baptist Church 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 Friendly Avenue Baptist Church 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 _____