FIRST BAPTIST CHURCH

500 W. Washington St., Greenwood, MS 38930 662-453-3075

2018 MEDICAL PERMISSION/RELEASE FORM

| STUDENT'SNAME | DATE OF BIRTH | |
|--|-----------------------|--|
| ADDRESS | | |
| CITY | STATE | ZIP |
| STUDENT'S EMAIL | | STUDENT'S CELL |
| IS STUDENT FBC CHURCH MEMBER? | NAME OF CHU | JRCH? |
| PARENT'S NAMES/CELL PHONE NUMBERS_ | | |
| PARENT'S EMAIL | | |
| EMERGENCY CONTACT | | PHONE |
| FAMILY PHYSICIAN | PHONE | |
| INSURANCE CO | POLICY # | |
| NAME ON POLICY | GROUP # | |
| ALLERGIES: FOOD? | | |
| PENICILLIN/DRUGS? | | |
| INSECT BITES? | | |
| SERIOUS MEDICAL CONDITIONS? | | |
| UP TO DATE ON ALL IMMUNIZATIONS? | CURRE | ENT MEDICATIONS? |
| | | |
| I hereby authorize First Baptist Church to to the event of an emergency in which no par | • | bove named physician or facility for medical treatment in be reached. |
| Signature | | Date |
| I hereby authorize any licensed physician of the above named physician cannot respond | | center to treat my child in case of an emergency in which |
| Signature | | Date |
| I hereby authorize First Baptist Church to tractivities. | ansport my child to o | or from church on field trips or other church sponsored |
| Signature | | Date |

PLEASE COMPLETE BACK PAGE

PLEASE ATTACH A COPY OF FRONT/BACK OF INSURANCE CARD

The undersigned participant (the word "participant" to include the feminine gender as well as the masculine where the context requires or permits) and, if participant is a minor, the legal custodian thereof (the word "custodian" to include either or both natural or adopted parents or any legal guardianthe plural as well as the singular and the feminine gender as well as the masculine where the context requires or permits), hereby consent to the participation of participant in the above referenced activity conducted under the sponsorship of First Baptist Church, Greenwood, Mississippi, an unincorporated association: its agents, servants and members. In making such consent, participant and custodian acknowledge that they understand there are risks to both person and property associated with engaging in such activity, and they hereby consent to assume such risk.

In consideration of granting permission by First Baptist Church, its agents, servants, and members from any and all liability of every nature and kind pertaining to such activity or the participation therein by participant. Participant and custodian expressly covenant to not sue and do hereby waive and relinquish whatever right either may have or which otherwise might accrue against and/or the participation therein by participant.

Participant and custodian hereby authorize any consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to participant under the general or special supervision, and on the advice of, a licensed physician, surgeon, anesthesiologist, dentist, or other qualified medical personnel acting under their supervision.

The consent, waiver and/or lease provisions hereof shall remain in full force and effect until written notice or revocation or withdrawal is received by First Baptist Church at its office on 500 W. Washington St., Greenwood, MS 38930.

| Date | |
|-----------------------------|--|
| Youth Participant Signature | |
| Parent/Guardian Signature | |