

First Baptist Church Medical Release and Power to Authorize Medical Treatment Document Effective January 1, 2015 – December 31, 2015

Preschool **Children** **Youth** **Adult**

Please note and read the following information in each section

Section I – Parental Responsibility

It is your responsibility as the parent or guardian of the minor child named on the document to notify the First Baptist Church of Roswell, New Mexico of **ANY** information change regarding the safety and well being of the minor youth listed on this document between **January 1, 2015 – December 31, 2015. This includes address or phone number change, custody or guardianship status of the minor listed on this document, allergies, allergies to medication, and medication currently being taken OR medication discontinued, insurance company coverage, insurance policy number or group number or group number change since the last medical form on file.** It is your responsibility to check with First Baptist Church Roswell, New Mexico to determine if the current document on file at the First Baptist Church Roswell, New Mexico contains all current emergency and medical information criteria for the safety and well being of your minor child. Any information changes will require a new medical release document to be on file at the church.

Section II – Medical Information

Full name (child, student, self) _____

Home Phone (____) _____ Cell Phone (____) _____

Age of Child _____ Birth Date _____ Academic Grade _____

School _____

Parent(s) and /or legal guardian(s) of child participant _____

Address _____

Home Phone (____) _____ Cell Phone (____) _____ Work Phone (____) _____

Section III – Functions and Activities

It is my understanding that participating in the programs and recreational and other activities of First Baptist Church is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with the activities, including, by way of example, physical injury due to activity-related accidents,

physical injury due to transportation-related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

Section IV – Release of Liability

By signing this permission/Waiver Form, I expressly warrant that the child named above or I, if I am a participant, am capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the child or me participation in the activities, whether such risks are known or unknown to me at this time. I further release FBCR and its ministers, leaders, employees, volunteers, and agents from any claim that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against FBCR or its ministers, leaders, employees, volunteers, or agents.

I further agree to indemnify and hold harmless FBCR and its ministers, leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and program, or as a result of injury or illness of my child during such activities.

Section V – First Aid and Emergency Medical Treatment

I recognize that there may be occasions where the child named above or I, if I am a participant, may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of FBCR to seek and secure any needed medical attention or treatment for the child named above or me, if I am a participant, including hospitalization, if in the agent's opinion such need arises. In doing so, I agree to pay all fees and costs for medical treatment arising from this action. I give permission for attending physician(s) and or medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment.

Section VI – Publicity

On occasion, FBCR takes photographs or makes an audio or videotape recording of children and/or adults involved in church activities. Such photographs or video records may be used by staff and participants to remember the activities and participants. In addition, such photographs and audio/visual recordings may be used on FBCR publications or advertising materials to let others know about our ministry. In addition, local news organizations may hear of our activities or events, and our church may invite or allow them to photograph or record our events for news reporting on special interest features. I consent to the use of any such audio or visual record of the child named above or me, if I am participating, to be used, distributed, or displayed as agents of the church see fit. This consent includes but is not limited to: photographs, videotape, and audio recordings. Furthermore, I give permission for the child to be interviewed by the news media, or for such photographs and other audio or visual records to be used by the news media.

Section VII – School Visitation

I understand our Pastors may visit my child on his/her school campus, or at a school function. I authorize our Pastors to visit my child on his/her school campus or at any other school function.

Section VIII – Health Insurance Information – attach copy of your insurance card

Insurance Company _____ Policy Number _____

Insurance Company Phone Number (____) _____

Medical Doctor _____ Phone Number (____) _____

Section IX – Emergency Contacts

Name and telephone number of the person to contact in case of emergency.

Name _____ Relation _____

Home Phone (____) _____ Cell Phone (____) _____ Work Phone (____) _____

Section X – Swimming Ability

- _____ Non-swimmer
- _____ Beginner (capable of swimming for several minutes in deep water)
- _____ Moderate (capable of swimming several lengths of a pool)
- _____ Advanced (capable of swimming long distances)

Section XI – Medical History

Special medical needs or concerns (allergies, conditions, dietary needs, medications, etc.):

Section XII – Other Information

Other information leaders should know about the child or adult participant:

Section XIII – For Use Only if the Participant is a Minor

I represent that I am the parent/guardian of _____, who is under 18 years of age. I have read the above Permission/Waiver Form and am fully familiar with the contents thereof.

I give permission for the child named above to participate in the activities of FBCR, including any special events/activities described above. In consideration for allowing participation of the child in the activities FBCR, I hereby consent to the Permission/Waiver Form, including the Release of Liability above, on behalf of the child, and agree that this Permission/Waiver Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.

Signature of Parent or Legal Guardian _____ Date _____

Print Name of Parent or Legal Guardian _____

Witness Signature _____ Date _____

Section XIV – Adult Volunteers and Employees

As an adult volunteer or church employee, I hereby agree to each of the consents and waivers listed above, including the Release of Liability, as pertaining to my own participation in functions, activities, special events, and field trips.

Signature _____ Date _____

Section XV – Young Person’s Agreement

I agree to participate in the functions and activities of FBCR, to cooperate with the leaders and other young people, and to conduct myself as a Christian. I promise to respect God, respect myself, respect other persons, and respect property. I understand that my continued participation in church activities depends on my support of this agreement.

Signature _____ Date _____