



# DRESDEN FIRST BAPTIST STUDENT MINISTRIES

## Medical Release

### Parent Consent Form 2020

*Must be completed in its entirety and notarize. This form applies to all activities within the calendar year above. Please print clearly and include signature.*

#### ***Student Information***

NAME:

ADDRESS:

CITY:

ST:

ZIP:

PHONE:

SEX:

☐

MALE

☐

FEMALE

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### ***Parent/Guardian Information***

NAME:

HOME #:

WORK #:

CELL #:

NAME:

HOME #:

WORK #:

CELL #:

#### ***Insurance Information***

*Do you have health insurance which covers this student?*

☐ YES

☐ NO

NAME OF COMPANY:

POLICY #:

IN WHOSE NAME IS THE INSURANCE:

FAMILY DOCTOR:

CITY:

PHONE:

#### ***Brief Health History***

*Please list any pre-existing or present medical conditions:*

\_\_\_\_\_

*Names and dosages of current prescription medications:*

\_\_\_\_\_

*Allergies/Severe Reactions (please check and list below):* ☐ DRUGS ☐ FOOD ☐ OTHER

\_\_\_\_\_

*Activity/Dietary Restrictions:* \_\_\_\_\_

*Addl. Comments or instructions:* \_\_\_\_\_

**PARENTAL MEDICAL/LIABILITY RELEASE STATEMENT:** The above stated student has permission to travel with First Baptist Church, Dresden, TN., and/or attend all 2020 Student Ministry Activities. While I understand that the Church will take all reasonable steps to provide individual care and safety for my youth, I am aware that the Church and/or their employees and/or agents cannot assume any responsibility for an injury, damage, or harm which might result during the course of any activity during functions so sponsored. In consideration of permitting my youth to participate, I agree that full responsibility will remain with me as parent or guardian of my youth. The undersigned agrees to pay all costs associated with such medical care and related transportation for my youth. Should any claim be asserted by any person as the result of the acts of my youth while participating in the course of activities provided by the Church, traveling to or from such activity, or should my youth assert any claim against the Church and/or its employees and/or agents, I agree to indemnify and hold the Church harmless from any such claim, including attorney fees and costs incurred by the Church in defense thereof. I further authorize medical treatment of my youth in the event of any illness and/or injury sustained in my absence while my youth participates in the course of activities provided by the Church.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires