

**First Baptist Church of Bay St. Louis**  
**Student Ministry - Medical Permission and Release Form**

(please complete both sides of form)

**Valid for One (1) Year from Notarized Date – This form MUST be notarized on opposite side**

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Father's name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Other Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Other Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

1. List all allergies from which your student may suffer (medications, food, insect bites, etc.):

\_\_\_\_\_

2. Is your student diabetic? \_\_\_\_\_ Does he/she take insulin? \_\_\_\_\_ What type? \_\_\_\_\_

3. Does your student take any type of medication? \_\_\_\_\_ If so, for what? \_\_\_\_\_

Names of medications? \_\_\_\_\_

4. Has your student ever had surgery? \_\_\_\_\_ If so, for what? \_\_\_\_\_

5. Childhood Diseases: \_\_\_Chickenpox \_\_\_Measles \_\_\_Mumps \_\_\_Whooping Cough \_\_\_Other \_\_\_\_\_

5. Does your student have any chronic illness (e.g., blackouts, fainting, epilepsy, etc.)? If so, please describe: \_\_\_\_\_

\_\_\_\_\_

6. When was your student last vaccinated for tetanus? \_\_\_\_\_

7. Family physician: \_\_\_\_\_ Phone: \_\_\_\_\_

8. In the space below, please provide any additional important medical (or other) information concerning your student which may help our staff minister to him or her more effectively:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. Is your student a \_\_\_\_\_ poor swimmer \_\_\_\_\_ fair swimmer \_\_\_\_\_ good swimmer

Health Insurance Company \_\_\_\_\_

Group # \_\_\_\_\_ Policy # \_\_\_\_\_

Name of Primary Insured \_\_\_\_\_ Birthdate of Primary Insured \_\_\_\_\_

(Please attach a copy of your Insurance card)

After completing both sides and having form notarized, return it to the office of  
First Baptist Church, 141 Main St., Bay St. Louis, MS, 39520

**First Baptist Church of Bay St. Louis  
Student Ministry - Medical Permission and Release Form**

(please complete both sides of form)

**Valid for One Year from Notarized Date – This form MUST be notarized on bottom of this side**

First Baptist Church Student Ministries & volunteers are designated by the abbreviation "FBC" throughout the remainder of this form.

I (we) hereby give permission for my (our) child to attend and participate in activities sponsored by FBC, and authorize FBC to transport my (our) child to and from church or any other church-sponsored activities.

I (we) hereby give permission for my (our) child to be photographed and videotaped in normal ministry settings and in church-sponsored activities.

I (we) hereby authorize FBC and its acting leaders to teach and lead my (our) child in religious lessons and services which may include prayer and Bible teaching.

I (we) hereby authorize any licensed physician or medical treatment center selected by an adult chaperone of FBC to secure proper medical treatment (including hospitalization and surgery) for my (our) child in the case of an emergency.

I (we) hereby DO consent \_\_\_\_\_ or DO NOT consent \_\_\_\_\_ to the use of blood and or blood products under the care of a licensed physician in the case of an emergency.

I (we) hereby DO authorize \_\_\_\_\_ or DO NOT authorize \_\_\_\_\_ any adult chaperone of FBC to dispense to my child any necessary over-the-counter medications (according to proper dosage instructions) when deemed necessary.

I (we) hereby DO authorize \_\_\_\_\_ or DO NOT authorize \_\_\_\_\_ FBC to include my (our) child in supervised water activities.

The undersigned adult shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for my (our) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

I (we) hereby release, forever discharge and agree to hold harmless FBC and the directors thereof from any and all liability, claims, or demands for personal injury, sickness, or death, as well as property damage and expenses of any nature whatsoever which may be incurred by the undersigned adult that occur while my (our) child is participating in any trip or activity with FBC.

Furthermore, I (we) [on behalf of my (our) child-participant, if he or she is under the age of 18 years] hereby assume all risk of personal injury, sickness, death, damage, and expenses as a result of participation in recreation and work activities involved therein.

Further authorization and permission is hereby given to said church to furnish any necessary transportation, food, and lodging for my (our) child.

The undersigned further hereby agrees to hold harmless and indemnify said church, its directors, employees, volunteers and agents for any liability sustained by said church as the result of the negligent, willful, or intentional acts of my (our) child, including any expenses incurred.

I (we) further understand and agree that, in the event that my (our) child be involved in any non-Christian or dangerous activities, I (we) will pay his or her expenses to be sent home immediately at the discretion of the approved sponsors and/or church representatives.

I (we) have supplied, understood, and agree to all the information contained on this Medical Release Form.

Student's Name: \_\_\_\_\_ Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Notary Public: \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_

Sworn and Signed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

My commission Expires \_\_\_\_\_

**Unless Modified Or Terminated In Writing, This Release Shall Be Effective For One (1) Year From The Date Notarized. It is the responsibility of the parent or guardian to notify the church of any changes in medical condition, guardianship, address, or phone change in writing.**