



[REFUGE]

Developing Fully Devoted Followers of Jesus

REFUGE STUDENT MINISTRIES (First Baptist Church)

MEDICAL AND MEDIA RELEASE FORM

Mandatory for travel during August 2017 – August 2018

PARTICIPANT INFORMATION:

Legal Name (First, Middle, Last) _____

Date of Birth: ___/___/___ Current Grade: _____ Male or Female: _____

Address _____

City _____ Zip _____ Phone _____

PARENT/GUARDIAN & EMERGENCY CONTACT INFORMATION:

Name _____ Relationship _____

Cell Phone _____ Other Number _____

Email Address _____

Name _____ Relationship _____

Cell Phone _____ Other Number _____

Email Address _____

PERMISSIONS AND RELEASES:

By signing this document, the participant (and parent/guardian if the participant is a minor) acknowledges that _____ has permission to travel with First Baptist Church, Jefferson City, Missouri, (FBC JC) or attend all Refuge student activities from August 1, 2017 through August 31, 2018.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by FBC JC. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release FBC JC, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to the person or property that may occur during the course of my/our child's involvement. _____ Parent/Guardian Initials

This consent form gives permission to seek medical attention as deemed necessary, and releases FBC JC and its staff of any liability against personal losses of named child. In the event that he/she is injured and requires the attention of a medical provider, I/we consent to any reasonable medical treatment as deemed necessary by a licensed provider. In such an event where treatment is required, from a provider and/or hospital personnel designed by FBC JC, I/we agree to hold such person(s) free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. _____ Parent/Guardian Initials

I/we also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided on the next page is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the Pastor of Youth. _____ Parent/Guardian Initials

I/We also give permission to FBC JC to photograph and/or video tape my child for the promotional purposes of Refuge Student Ministries and/or First Baptist Church (including but not limited to print and online media formats) _____ Parent/Guardian Initials

MEDICAL INFORMATION:

In the unlikely event that we have to transport your child to the hospital, we need all medical information possible. We will keep these on file in the church office from August 2017 - August 2018. You will be responsible to notify us if your insurance information changes.

Family Physician _____ Phone Number _____

Medical Insurance Company _____ Policy/Group Number _____

Food, Drug or Other Allergies (please name): _____

Past Medical History: (Check any that apply) ___ Asthma ___ Sinusitis ___ Bronchitis ___ Kidney Trouble

___ Hay Fever ___ Heart Trouble ___ Diabetes ___ Dizziness ___ Stomach upset ___ Depression

Other medical history we should be aware of: _____

Any current medications: (list) _____

Special Diet: _____

Parents or Guardians, please initial on the line by each medication below that you give permission for us to dispense to your child (upon request) from our emergency supply box. For any medications you initial, you will not have to send a supply of that particular medication.

___ Ibuprofen (Advil or Motrin) ___ Acetaminophen (Tylenol) ___ Allergy (Claritin, Benadryl)

Please initial:

___ I understand that this is for over the counter medication only.

___ I understand that if my child begins a medication after this form is turned in changing the information provided, it is my responsibility to update paperwork on file in the church office and alert them of these changes.

PLEASE ATTACH A COPY OF THE PARTICIPANT’S HEALTH INSURANCE CARD (front and back).

THIS SECTION MUST BE COMPLETED

By signing below, I am agreeing that the information provided on this Refuge Ministries Medical & Media Release Form is correct and true to the best of my knowledge.

Child’s Name (Print) _____

Guardian Name (Print) _____

Guardian Signature _____ Date: _____