

# First Baptist Church, Leesburg

P.O. Box 1009  
Leesburg, GA 31763

## Children's Medical Release Form / Permission to Treat (Must be filled out by an adult. Please print legibly in black or blue ink.)

### Personal Information:

Student's Name \_\_\_\_\_ Name to be called \_\_\_\_\_

Age \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ School Grade \_\_\_\_\_ School Year \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

Parent/Guardian E-Mail Address: \_\_\_\_\_

### Emergency Information:

Primary Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Number \_\_\_\_\_

Secondary Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Number \_\_\_\_\_

### Insurance Information:

**\*Attach a copy of your insurance card/prescription card to this form. (If none, provide signed sheet stating this.)**

Insurance Co. \_\_\_\_\_

Insurance Co. Address \_\_\_\_\_

Phone # \_\_\_\_\_

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

Prescription card # \_\_\_\_\_

Cardholder \_\_\_\_\_ Relationship \_\_\_\_\_

Place of Employment \_\_\_\_\_ Occupation \_\_\_\_\_

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

Childs Name: \_\_\_\_\_

**Personal Medical Information: *I understand that I am responsible for informing the church of any changes pertaining to this form that occur in a timely manner.***

Generally, participant's health is (check one) \_\_\_\_\_ Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor

If fair or poor, please explain participant's condition \_\_\_\_\_

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List any medical difficulties for which you are currently being treated: \_\_\_\_\_

Circle any of the following that may cause you problems and explain:

Asthma	Sensitive Skin	Dizziness	Frequent-Sore-	Ear Infections	ADD/ADHD
Sinusitis	Kidney trouble	Fainting	Throat	Epilepsy	Behavioral Issues
Bronchitis	Heart trouble	Stomach-Upset	Wear Contact	Bed Wetting	Blood Pressure
Hay Fever	Diabetes	Frequent Colds	Lenses	Sleep Walking	

Other: \_\_\_\_\_

Circle any of the following you are Allergic to: Peanuts/Nuts Milk Eggs Grass Bees/Wasp Insects Latex

Other \_\_\_\_\_

List any medicines to which you are allergic to or have had adverse reactions: \_\_\_\_\_

List any medications you are taking on a regular basis: \_\_\_\_\_

***I understand that I am responsible for informing the church of any additional medications that my child is taking at the time of each activity or function that he/she participates in. \_\_\_\_\_ (parent initial)***

List any previous operations or serious illnesses \_\_\_\_\_

List any special diet or special needs \_\_\_\_\_

Childhood diseases: Chickenpox \_\_\_\_\_ Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Whooping cough \_\_\_\_\_ Other \_\_\_\_\_

**Date of Tetanus Immunization** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ **Shot Records up to date** \_\_\_\_ yes \_\_\_\_ No

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Dentist/Orthodontist \_\_\_\_\_ Phone \_\_\_\_\_

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

**Permission for Medical Treatment, Photograph/Video Notice, Vehicle permission**

My permission is granted for the Leesburg First Baptist employee or volunteer present to obtain necessary medical attention in case of sickness or injury to my child. Also, I understand that as a participant, my child may be photographed or videotaped during church activities and these photos/videos may be used in promotional materials. I understand, there may or may not be a certified life guard present in the event my child goes swimming. In addition, I permit my child/children to ride in church and personal vehicles to and from youth events. \_\_\_\_\_ (Initial here)

**Release, Waiver and Indemnity Agreement**

By signing this Permission/Waiver Form, I expressly warrant that my child is capable of withstanding both the physical and mental demands of youth activities. I also expressly assume all risks of the child participating in the activities, whether such risks are known or unknown to me at this time. I further release First Baptist Church, Leesburg, and its ministers, leaders, employees, volunteers, drivers, and agents from any claim that my child may have or that I may have against them as a result of injury, illness or death incurred during the course of participation in any activity. 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 First Baptist Church, Leesburg or its ministers, leaders, employees, volunteers, drivers, or agents. I further agree to indemnify and hold harmless First Baptist Church, Leesburg and its ministers, leaders, employees, volunteers, drivers, or agents from any and all claims arising from participation in its activities and programs, or as a result of injury, illness or death of my child during such activities.

For, and in consideration of permitting my child/children to observe, or use any facility or equipment of First Baptist Church, Leesburg, or engage in and/or receive instruction in any activity or activity incidental thereto including , but not limited to vehicular transportation in church or privately owned means of transportation, to, from any destination for a youth or church event, in the state of Georgia and out of the state of Georgia, the undersigned parent and/or guardian of said child hereby voluntarily and absolutely releases, discharges, waives, and relinquishes any and all loss or damages or actions or causes of action for personal injury, property damage, or wrongful death as a result of same observing or using facilities, equipment, or vehicular transportation in church or privately owned means of transportation.

By signing this form my child agrees to adhere to the rules and regulations set forth by First Baptist, Leesburg or its ministers, leaders, employees, volunteers. If he/she chooses to violate the rules or present a behavior problem I understand that he/she will be reasonably disciplined as the occasion permits. I understand that any damages incurred by my child due to his/her actions will be my responsibility. I further understand that this may include the returning home of the said child, with any expense incurred my responsibility. \_\_\_\_\_ (Parent/Student initial here)

I, the undersigned, do hereby verify that the above information is correct. I agree to indemnify First Baptist Church for any and all claims, demands, damages, injuries, costs, suits, or property leased or owned by First Baptist Church.

**Complete and sign below (youth under 18 years of age requires Parent/Legal Guardian signature)**

Parent/Legal Guardian Signature \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Notary Acknowledgement**

State of \_\_\_\_\_ }

County of \_\_\_\_\_ }

Personally appeared before me, \_\_\_\_\_, with whom I am personally acquainted, and who acknowledged that he/she executed the within instrument for the purposed therein contained.

Witness my hand the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Signature: \_\_\_\_\_

My Commission expires: \_\_\_\_\_