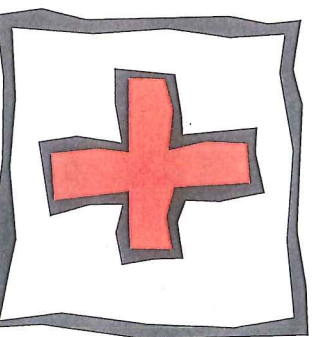


Does your child have any special health needs that might prevent him/her from participating in any activities? If so, please explain below.



Medical Release & Waiver Form

The purpose of this Medical Release Form is to allow the staff and volunteers of the First Baptist Church to secure proper immediate medical treatment for your child in the event he or she should become injured or ill during the course of the activity.

Please list and explain any other information that may be helpful in case of emergency.

Please take time to **READ AND COMPLETE ALL** of the requested information contained inside. The church **MUST** have a copy of this Medical Release Form on file for your child before your child will be allowed to participate in the activity.

Thank you.

Pastor Mark Massaro



First Baptist Church—Princeton
www.fbcpinceton.net

RELEASE & CONSENT FORM

MEDICAL INFORMATION

Name of Student: _____

I, the undersigned parent or guardian, hereby consent to the above-named child, participate in youth activities sponsored by First Baptist Church.

I, the undersigned parent or guardian, do hereby authorize proper medical treatment under the direction of any licensed physician in the event of a medical emergency. The leaders of the First Baptist Church are authorized to make emergency medical decisions for my child. It is understood that the leaders will attempt to contact me before treatment is undertaken, but is not necessary for such.

I understand and hereby agree to assume all of the risks which may be encountered on said activity, including activities preliminary and subsequent thereto. I do hereby agree to hold **First Baptist Church -Princeton**, its agents and employees harmless from any all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property which I now have or which may arise in the future in connection with the activity or participation in any other associated activities.

I further state that I have carefully read the foregoing release and know the contents thereof and I sign this release as my own free act.

PRINTED Name of Parent or Guardian: _____

SIGNATURE of Parent or Guardian: *(Please sign in ink only.)* _____

Date: _____

Home Address: _____

Full Name of Student: _____

Student's age: _____ Student's Birth Date: _____

Name of Parents/Guardians: _____

Home Telephone Number: _____

Cell Number: _____

E-mail : _____

Name & Relationship of Relative who we may contact if you cannot be reached: _____

Relative's Telephone Number: _____

Student's Regular Doctor: _____

Student's Regular Dentist: _____

Insurance Carrier's Name: _____

Insurance Policy Number: _____

Insurance Policy Expiration Date: _____

If your child gets a simple headache, may we give him/her Tylenol or Ibuprofen?

YES NO

Is your child allergic to any medications? YES NO

(please list) _____