

**STUDENT MINISTRY OF FBC SHELBYVILLE
PERMISSION & MEDICAL RELEASE FORM**

January 2012 – December 2012

EMERGENCY INFORMATION

Student's Name _____ Birthday ___/___/___

Parent/Guardian's Name _____ Relationship _____

Home Address _____ City _____

Zip _____ Home Phone _____ Work Phone _____

Emergency Contact (other than guardian) _____

Relationship _____ Emergency Contact Phone _____

Insurance Company _____ Policy # _____

STUDENT MEDICAL INFORMATION

List any prevailing medical problems _____

List any allergies _____

Current medication _____

GENERAL RELEASE/HOLD HARMLESS AGREEMENT

As the parent or legal guardian of the above child:

1. I acknowledge the child above desires to participate in the programs, events and/or activities (hereinafter referred to as "Activities") operated, sponsored or attended by First Baptist Church, Shelbyville (hereinafter referred to as "Church") and the Student Ministry of First Baptist Church, Shelbyville.
2. I acknowledge that participating in the Activities operated, sponsored or attended by the Church and Student Ministry often involves transportation to and from various locations.
3. I hereby consent for the above child to participate in the Activities and authorize the Church and Student Ministry to transport the above child to and from various locations for Activities.

(NOTORIZATION ON BACK REQUIRED)

4. In the event the above child is injured while participating in Activities or while being transported, I hereby authorize and consent to any X-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care rendered under the general supervision and the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.
5. I acknowledge the undersigned shall be liable to agree to pay all cost and expenses incurred in connection with any such medical and dental services to the above child pursuant to this authorization.
6. I understand that should it be necessary for the above child to return home due to medical or disciplinary or other emergency reasons, the undersigned shall assume all transportation costs incurred.
7. In consideration of the Church and Student Ministry allowing the above child to participate in Activities, I do hereby release and forever discharge the Church, Student Ministry, their staff, agents, employees and any parties volunteering on behalf of the Church and Student Ministry from all actions, claims, costs, expenses and damages of any nature whatsoever arising from or in connection with participation in or transportation to and from Activities.
8. As the undersigned, I understand it is my responsibility to update the Emergency Information included in this Permission and Medical Release Form.
9. I consent and give my permission for the Church and FBC Student Ministry to use photographs and/or videotapes of the above child for use in the Student Ministry and/or any promotional material for the Church and Student Ministry.

Parent/Guardian Signature _____ Date _____

Print Name of Parent/Guardian _____

<p>State of Kentucky, Shelby County Sworn to and subscribed before me</p> <p>This _____ day of _____, 201__</p> <p>_____</p> <p><i>Notary Public for Kentucky</i></p> <p>Commission Expires _____</p>
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