

FBCP STUDENT MINISTRY

MEDICAL INFORMATION, LIABILITY RELEASE and REGISTRATION FORM

Event/Activity: _____

Date(s): _____

Event/Activity Leader: **Patrick Berg, Student Minister, First Baptist Church of Prosper**

Participant's Name: _____ Grade: _____

Address: _____

Date of Birth: _____ Gender: _____ S.S.#: _____

Parent/Guardian: _____

Home Phone #: _____ Work Phone #: _____

Emergency Contact: _____

Emergency Phone #: _____ Relation to Student: _____

Physician: _____ Phone #: _____

Family Insurance Provider: _____

Address: _____

Phone #: _____

Group/Individual policy #: _____

Medical History

(Circle all applicable conditions)

Asthma – Sinusitis – Bronchitis – Kidney Trouble – Heart Trouble – Diabetes – Dizziness – Hay Fever

Other: _____

Allergies (Food, insect, drug, etc.): _____

Serious Illness/Surgery History: _____

Current Medications: _____

Special Diet Requirements: _____

Date of last Tetanus shot: _____

Permission for Treatment/Liability Release

I, _____, parent and/or guardian of _____, a minor, hereby acknowledge that said minor is presently under my care, custody, and control. I hereby give my child, the said minor, my express permission to attend the event/activity listed on this form. I further expressly grant my permission for my child to participate in all activities of said event/activity.

I have listed said minor's physical/medical problems that may need attention. In the event of an emergency that necessitates medical and/or surgical attention, I hereby consent and give my permission to FBC Prosper of Prosper, TX or its representatives, or any attending physician to make decisions and to perform such medical treatments and/or surgery upon said minor which may, in their sole discretion, be necessary and proper under the circumstances.

I do release, acquit, discharge, and covenant to hold harmless First Baptist Church of Prosper or its representatives from any and all actions, damages, and liabilities arising out of participation or treatment of any sickness, accident, or injury incurred by my said child during the above dates.

I understand that my child will be dismissed from participating in this activity and sent home at my expense (if applicable) if he/she fails to adhere to the rules.

Parent/Guardian Signature: _____ Date: _____