

STUDENT MINISTRY MEDICAL RELEASE FORM
For Activities from June 2008 - June 2009

First Baptist Church of Hemet 26089 Girard St., Hemet, CA 951.658.7133 fax 951.766.6650
website: www.fbchemet.org

Student's Name: _____ Birthdate _____ Grade _____ Male Female

Address _____
(street) (city, state) (zip)

Home phone #: _____ Work Phone #: _____

Mother's cell #: _____ Father's cell #: _____

Other Emergency Contact: _____ Relationship _____

Home Phone# _____ Cell Phone# _____

List history of drug allergies or other allergies: _____

List history of medical problems or restrictions: _____

Date of Last Tetanus Shot _____

INSURANCE:

First Baptist Church's insurance is on secondary insurance. If you have a medical insurance, your carrier will be billed for medical charges in case of illness or injury while your child is at the FBC student activity.

Do you have Health Insurance? _____ Yes _____ No
Insurance Company _____ Policy Number _____

Address _____ Doctor's Name: _____

Phone # _____ Special Instructions: _____

AUTHORIZATION OF CONSENT TO TREATMENT OF MINOR:

In the event that I cannot be reached in an emergency during activities from June 2008 to June 2009, (I) or (We), the undersigned, parent(s) of _____, (student's name) a minor, do hereby authorize First Baptist Church staff or sponsor as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and surgeon licensed under the provision of the Medicine Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable. This authorization is given pursuant to the provisions of Section 258 of the Civil Code of California. This authorization shall remain effective JUNE 2008 - JUNE 2009 unless sooner revoked in writing delivered to said agent(s).

Release of the First Baptist Church of Hemet:

_____ (parent's name) shall indemnify, hold free and harmless, assume liability for, and defend the First Baptist Church, its agents, servants, employees, officers, and directors from any and all costs and expenses including but not limited to, attorneys' fees, reasonable investigative and discovery costs, court costs, and all other sums which the First Baptist Church, its agents, employees, officers, servants and directors may pay or become obligated to pay on account of any, all and every demand for, claim or assertion or liability, or any claim or action founded thereon, arising or alleged to have arisen out of _____ (student's name) use of real or personal property belonging to the First Baptist Church, its agents, servants, employees, officers and directors, or any action or omission by _____ (student's name). This includes all claims for injuries, illness, causes of action, the rendering of emergency care, or liability related to use or participation in ministry activities.

By signing this document, I acknowledge that I have read, understood,
and agree to be bound by this release form's terms.

Parent or Legal Guardian's Signature: _____ Date: _____

Print Name: _____ Relationship to Student: _____

(If you are 18 yrs old, you may sign your own medical release form)