

2009 Medical/Permission Release/Waiver Form

Name: _____ Birthdate: _____
 Address: _____ Email: _____
 City/St/Zip: _____
 Numbers to Contact Parent/Guardian: Home: _____ Work: _____
 Cell: _____ Other: _____

In Case Of Emergency, Notify:	Phone: _____
Family Physician:	Phone: _____
Family Insurance Co: _____ Group #: _____ Policy #: _____	Phone: _____

Past Medical History

Please check giving the appropriate information:

Asthma _____	Sinusitis _____	Bronchitis _____	Other: _____
Diabetes _____	Dizziness _____	Kidney Trouble _____	_____
Hay Fever _____	Other _____	Digestive Disorder _____	_____

Food Allergies: _____
 Drug Allergies: _____
 Insect Stings/Bites: _____
 Poison Ivy, Oak, or Sumac: _____
 Previous Operations or Serious Illnesses: _____

Childhood Diseases and/or Immunizations:	Chicken Pox _____ Mumps _____	Measles _____ Polio Booster _____	Whooping Cough _____ Other: _____
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(Please list Date of last shots or Tetanus
 Dates of Illness)

Current Medical Information

Current Medications (list): _____
 Special Diet: Name _____

I, _____, hereby acknowledge that it is my desire (for my child) to participate in church-sponsored activities at First Baptist Church of Rogers, including activities on and/or away from the church premises as well as transportation to and from such activities.

I AM (MY CHILD IS) VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES, INCLUDING TRANSPORTATION TO AND FROM SUCH ACTIVITIES, WITH KNOWLEDGE OF THE DANGERS INVOLVED AND HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY AS A RESULT OF SUCH PARTICIPATION AND TRANSPORTATION.

As lawful consideration for permitting me (my child) to participate in such activities, including the transportation to and from such activities, I hereby release and discharge First Baptist Church, its officers, employees, agents and members of the Board of Trustees from all actions, claims or demands I and my heirs, distributees, guardians, legal representatives or assigns now have or may hereafter have for any injury or damages resulting from the negligence or other acts, howsoever caused, by such church, officers, employees, agents and Board of Trustees, before or during my participation in such church-sponsored activities on and/or away from the church premises, including transportation to and from such activities.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND AN ASSUMPTION OF RISKS AND SIGN IT OF MY OWN FREE WILL.

- This Consent and Release from Liability shall remain in effect until revoked in writing and delivered to any officer, employee or agent of First Baptist Church.

Permission for Treatment

My permission is granted for FIRST BAPTIST CHURCH OF ROGERS, AR staff member or sponsor in charge of any FBC Youth Trip or Event during the time period of January 1, 2008 through December 31, 2008 to obtain necessary medical attention in case of sickness or injury for _____. I understand I am responsible for all expenses as a result of this care.

Dated this _____ Day of _____, 2008. _____
 (Signature of Parent/Guardian who has legal responsibility for medical care.)

Notary: _____ My Commission Expires _____