



# Student Permission & Medical Release Form 2024

Participant Name \_\_\_\_\_ Age \_\_\_\_\_

Current Grade Level : \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_ Student Cell Phone # \_\_\_\_\_ Date of Birth : \_\_\_\_/\_\_\_\_/\_\_\_\_

In case of an emergency notify: \_\_\_\_\_ Relationship to Student : \_\_\_\_\_

Phone Numbers-Home:(\_\_\_\_) \_\_\_\_\_ Work(\_\_\_\_) \_\_\_\_\_ Mobile:(\_\_\_\_) \_\_\_\_\_ Other:(\_\_\_\_) \_\_\_\_\_

T-Shirt Size \_\_\_\_\_

### Medical Profile

Generally, the participant's Health is: (Check One) Excellent Good Fair Poor

If Fair or Poor, please explain the condition: \_\_\_\_\_

List any medical difficulties which are currently being treated: \_\_\_\_\_

Are there any health concerns that we should be aware of?  
\_\_\_\_\_  
\_\_\_\_\_

List any any medicines, **insects** or substances to which you are allergic: \_\_\_\_\_

List any previous operations or serious illnesses \_\_\_\_\_

List any medications you are currently taking: \_\_\_\_\_

List any special diet or special needs: \_\_\_\_\_

Date of Tetanus Immunization: \_\_\_\_/\_\_\_\_/\_\_\_\_

Family Physician \_\_\_\_\_ Phone:(\_\_\_\_) \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy #: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_ Subscriber Number: \_\_\_\_\_ Employment: \_\_\_\_\_

Subscriber Occupation: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

### Permission For Medical Treatment, Photograph/Video Notice, and Release and Indemnity

My permission is granted for the event director, church official, or adult present or in charge of first aid, to obtain necessary medical attention in case of sickness or injury to me or my child. Also, I understand that as a Participant, I or my child may be photographed or videotaped during normal camp or event activities, and these photos/videos may be used in promotional materials. I, the undersigned, do hereby verify that the above information is correct, and I do hereby release and forever discharge First Baptist Church of Winnsboro, Texas, and their employees ("Released Parties") from any and all claims, costs, demands, actions or causes of action, past, present or future arising out of any damage or injury in connection with my or my child's participation in any First Baptist Church events. I agree to indemnify the Released Parties for any and all claims, demands, damages, injuries, costs, suits or causes of action, past, present, or future, arising out of or caused by myself or by my child while participating in First Baptist Church events or while on property leased or owned by any of the Released Parties.

**Assumption of Risk.** I am aware of the risks associated with participation in the above event and do hereby voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, that may result from participation in event activities.

**Understanding.** I represent and acknowledge that I have completely read and understand this document and all its terms and all matters referred to herein, and I signed voluntarily as my free act and deed, that I have had an ample opportunity to obtain the advice of counsel and that, by signing this document, I understand that I am relinquishing legal rights and remedies that may have otherwise been available to me. I understand that this Waiver and Release shall be construed as broadly and inclusively as is permitted by applicable law and agree that if any portion of this document is held invalid, the remaining shall continue in full force and effect.

**Complete and sign below** (*participants who are minors per your state statute require Parent/Legal Guardian signature*).

\_\_\_\_\_

**Student Ministry**  
**First Baptist Church, Winnsboro, Texas**  
**Consent and Release from Liability**

**FOR PARENTS:**

I, (parent/guardian) \_\_\_\_\_ hereby acknowledge that it is my desire that my child, participate in church-sponsored activities with FBC, Winnsboro, Texas, including activities on and/or away from the church premises as well as transportation to and from these activities. ***I am voluntarily allowing my child to participate 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 my child to participate in such activities, including the transportation to and from such activities, **I hereby release and discharge FBC, Winnsboro, Texas, its employees and chaperones from all action, claims and demands which I, my child, or guardians of either of us have or may hereafter have for any injury or damages resulting from negligence or other acts, however caused, by such church, employees or chaperones, before, during or after my child's 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 contents. I am aware that this is a release of Liability and an assumption of risks and I am signing it of my own free will. This consent and Release from Liability shall remain effective until revoked in writing and delivered to any ministerial staff of FBC, Winnsboro, Texas.

(Parent Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

**FOR STUDENTS:**

I, the undersigned youth/child, promise to do my best to cooperate with the leaders of any youth activity in which I participate. I realize that when the group is out of town, if I am uncooperative and it causes me to be a burden on the group or the leaders, I will be subject to being sent home at my expense. I acknowledge that I am an example for Christ and the image of His church, and I will do all I can to reflect that positively to bring Him glory.

(Student's Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

State of Texas

County of \_\_\_\_\_

Before me, \_\_\_\_\_, on this day personally appeared \_\_\_\_\_, known to me (or proved to me on the oath of \_\_\_\_\_ or through \_\_\_\_\_ to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

(Personalized Seal)

\_\_\_\_\_  
Notary Public's Signature