

# MEDICAL AND LIABILITY RELEASE

(Please print with blue or black ink only)

NAME \_\_\_\_\_

[ ] Male [ ] Female      AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE (\_\_\_\_) \_\_\_\_\_ CELL PHONE (\_\_\_\_) \_\_\_\_\_

PARENT'S EMAIL: \_\_\_\_\_

STUDENT'S EMAIL: \_\_\_\_\_

EMERGENCY CONTACT #1 \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

EMERGENCY CONTACT #2 \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

FAMILY DOCTOR \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

## HEALTH HISTORY:

____ Drug Allergies _____	____ Environmental Allergies _____
____ Heart Condition _____	____ Seizure Disorder _____
____ Behavior/Nervous Disorder _____	____ Stomach Problems _____
____ Food Allergies _____	____ Insect Stings _____
____ Asthma _____	____ Diabetes _____
____ Physical Handicap _____	____ Other _____

If any of the above are checked, please give details (i.e. include normal treatment of allergic reactions)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Name, dosage, and frequency of any medications that must be taken regularly, or as needed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have Health Insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_

Insurance Company Address \_\_\_\_\_

Policy Number \_\_\_\_\_

## MEDICAL RELEASE:

In the event I cannot be reached in an emergency during any event, I hereby give my permission to the physician or dentist selected by First Baptist Church Watsonville to hospitalize, to secure proper treatment and/or order an injection, anesthesia, or surgery for my child as deemed necessary. The signature of the parent or guardian below is intended to serve as a medical release. This form may be copied and given to the official youth leaders if there is information pertinent to the care of your child. If there is a reason that you wish this information to stay confidential, please contact the church office.

**Parent or guardian's signature** \_\_\_\_\_

Relationship to child \_\_\_\_\_

Print Name \_\_\_\_\_

Spouse's Name \_\_\_\_\_ **Date** \_\_\_\_\_

## FBC Watsonville

### Participation, Release, Behavior, & Waiver Agreement

Here at First Baptist Church Watsonville it is our desire to provide students, of all ages, a safe place to engage with God and their friends. While our staff and volunteers work to provide this safe environment we do require your participation in completing this form. We ask that you will read, fill in the necessary information, sign, and date this form before your student is allowed to participate in any activities facilitated by First Baptist Church Watsonville. This form is to be filled out by the parent or guardian of any student under the age of 18 who will be participating in any/all events.

I, the undersigned, give permission for my student to participate in all activities held both on and off campus at First Baptist Church Watsonville. I grant this permission with full knowledge that I accept full responsibility for any injury or accident that may occur. Please note: you are giving your student permission to participate in all of our events unless written notice is given to the church office prior to the event.

For promotional or marketing purposes, First Baptist Church Watsonville reserves the right to use any audio, video, quotes, and/or photography of any students and/or parents participating in our events, unless where not permitted by law.

I, on behalf of myself and my student, agree to release and hold harmless First Baptist Church Watsonville, its Board, employees, and official volunteers for any and all claims for injuries, causes of action, or liability related to my child's participation in any activity occurring at First Baptist Church Watsonville or its official events. This release does not apply to intentional and/or willful acts of misconduct by First Baptist Church Watsonville or any of its Board, employees, and/or official volunteers.

I understand that my child will be on their best behavior which aligns with First Baptist Church Watsonville expectations. My student will respect the leaders of the events, the students participating, and themselves. My student will obey all of the laws (i.e. no drinking, smoking, etc.) and will refrain from fighting and inappropriate contact, both verbal and physical. I, and my student, understand this expectation and I will pick up my student from an event, or be financially responsible for any cost incurred while sending my student home from an event.

By signing this document, I acknowledge that if anyone is hurt or property damaged during my or my child's participation in these activities, I and/or my child may be found by a court of law to have waived any right to maintain a lawsuit against First Baptist Church Watsonville on the basis of any claim which has been released herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and agree to be bound by its terms.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Parent or Guardian \_\_\_\_\_

Student's Name \_\_\_\_\_