

THE FIRST BAPTIST CHURCH OF REDLANDS

51 West Olive Avenue ♦ Redlands ♦ CA 92373 ♦ TEL (909) 793-3289 ♦ FAX (909) 335-1589

WWW.FBCREDLANDS.ORG

Christian Education Medical Release Form

This is a general medical release form for the First Baptist Church of Redlands. By signing this form, you are providing consent for medical care for your child while she/he participates in activities during Church sponsored activities on and off church grounds and understand that The First Baptist Church of Redlands assumes no financial responsibility for such emergency services. Parents need to provide updated medical information if any changes occur after filling out this form. In case of an injury/accident, First Baptist staff/volunteers will notify the parents as soon as they are able. Parent(s)/guardian are responsible to notify your medical insurance carrier and/or primary care physician within 24 hours of the reporting incident. We will seek to provide as safe an environment as possible for your child as he/she participates in our programs. If you have any questions please contact the Director of Youth Ministries or Children's Ministries. Information provided will be kept confidential and only seen by adult leaders and staff.

When needed, transportation will be provided by:

- Private vehicles by church volunteers
- Walking with supervision by church volunteers
- Other _____

Participant's Name _____ Participant's Birthday _____

Home Address: _____ Home Phone #: () _____

City/State/Zip: _____ Email _____

Participant's Cell Phone () _____ Do You Check your email regularly Yes No

List any Allergies or Food Restrictions _____

Alternative Emergency Contact 1: Name _____ Phone #: () _____

Alternative Emergency Contact 2: Name _____ Phone #: () _____

PARENTS PLEASE FILL OUT AND SIGN IF THE PARTICIPANT IS 18 AND UNDER

I am aware that this is a release of liability and an assumption of risks and sign it of my own free will. I understand, that in the event my child behaves in a manner deemed unacceptable by an adult staff, I will be contacted and may be requested to pick up or make arrangements for my child to be picked up at my own expense.

In the event of any illness or injury, I hereby provide my advance consent to whatever x-ray, examination, anesthetic, medical, dental, surgical diagnosis, treatment and hospital care from a medical personnel, licensed physician and/or surgeon as deemed necessary for the safety and welfare of my child.

Participant's Name _____

Parent/Guardian Name(s) _____

Parent Signature(s) _____

Parent/Guardian: Home () _____ Cell () _____

Parent's Email: _____ Work () _____

The Health Information Requested is Optional.
However, filling out this form will allow our staff to better assist the participant in case of an emergency. Please make a copy for your records.

Is the participant covered by a major medical insurance policy over \$50,000? Yes No

Medical Insurance Carrier's Name: _____

Group Policy or I.D. #: _____

Please attach a copy of your medical insurance card Yes No

Family Doctor: _____ Phone #: () _____

Any Known Allergies and/or Medical Condition _____

Is the participant on regular medication or currently under a doctor's care? Yes No

If yes, please explain. _____

List any food(s) the participant is allergic to: _____

Date Of Last Diphtheria **Tetanus** Toxoid Immunization: _____

Other vaccinations:

1. Hepatitis A Prophylaxis First Dose Date: _____ Second Dose Date: _____

2. Hepatitis B vaccine: First Dose Date: _____ Second Dose Date: _____

Third Dose Date: _____

Are there any medical problems that would prevent the participant from engaging in rigorous activity?

Please provide any additional information that may help us know about the participant in case medical care is needed:

