

**HEALTH RECORD, CONSENT FOR TREATMENT,
AND RELEASE YEAR: _____**



Note: Participant - It is important that you complete the following Health Record. Copies of this paperwork will be maintained in the Church office and taken on in-town, overnight and out of town trips.

NAME _____
Last First Middle

ADDRESS: _____
City State Zip Code

AGE: _____ DATE OF BIRTH: _____
Parent or Guardian Name _____

Home Address _____

Home Phone _____ Business Phone _____ Cell Phone _____

If not available in an emergency, notify:

1. Name _____ Relationship _____

Home Phone _____ Business Phone _____ Cell Phone _____

Street Address _____

City _____ State _____ Zip Code _____

2. Name _____ Relationship _____

Home Phone _____ Business Phone _____ Cell Phone _____

Street Address _____

City _____ State _____ Zip Code _____

Past Medical History

Does this child have any of the following allergies?

Pencillin _____	Other: _____
Other Drugs _____	_____
Insect Stings _____	_____
Ivy Poising, etc. _____	_____
Hay Fever _____	_____

Is the student presently taking any medications or on any special diet or exercise restrictions? If yes, please list specific details (name of drugs, dosage, etc.) _____

Indicate the date of last TTB (Tetanus, Dip Tox, Booster shot) _____

Is your son/daughter living with: ___Both parents ___One parents ___Guardian ___Other (if living with one parent, please indicate any non-custodial issues we should be aware of) _____

Previous Operations or serious illness: _____

Has your child had any of the following childhood diseases?

Chicken Pox _____ Measles _____ Mumps _____ Whooping Cough _____

Does this child have any medical or health problems, and has this child had any chronic or recurring illness or illnesses, which would have an effect on the child's participation in this Activity?

_____ Yes _____ No If yes, describe the problems or illnesses _____

State the name, address, medical specialty and phone number of this child's family physician and of any other physician who should be consulted in the event of emergency or medical problems involving this child:

State the name , address, and phone number of this child's dentist (and orthodontist if applicable):

Is there medical or hospitalization insurance which provides benefits for this child? _____ If so, please indicate:

Name of Insurance Co. _____

Address _____

Policy No. of Insurance Policy _____

Name of Policy Holder _____

Phone No. of Insurance Co.(_____) _____

EXPECTING THAT THE LEADERS FOR ANY EVENT/TRIP WILL EXERCISE REASONABLE CARE IN OVERSEEING THE ACTIVITIES OF THE STUDENTS, I REQUEST AND AUTHORIZE THE LEADERS TO SEEK WHATEVER MEDICAL CARE IS NECESSARY AND ADVISABLE SHOULD AN EMERGENCY ARISE WHICH WOULD REQUIRE TREATMENT FOR MY SON/DAUGHTER.

In order that my son/daughter may receive the proper medical treatment in the event that he/she may sustain injury or illness during a church activity, I hereby authorize the leaders to obtain or provide medical treatment for my son/daughter for such injury or illness during the activity, and I hereby hold harmless First Baptist Church of Fairhope, Alabama Inc. and the leaders, in the exercise of this authority

I further understand that there is always a possibility that my son/daughter may sustain physical illness or injury while participating in an event. If this occurs, I hereby authorize First Baptist Church of Fairhope, Alabama Inc. and the leaders to refer my son/daughter for medical treatment, including a medical treatment center (hospital, etc.). I further acknowledge and understand that I will be responsible for any medical bills that may be incurred on behalf of my son/daughter for physical illness or injury that he/she may sustain during the event/trip.

Understanding that there is always a possibility that my son /daughter may sustain physical illness or injury, I acknowledge and understand that my son/daughter is assuming the risk of such physical illness or injury by his/her participation, and I further release and hold harmless First Baptist Church of Fairhope, Alabama Inc. and the leaders from liability for any and all claims for personal illness or injury that my son/daughter may sustain during the event/trip named above.

I understand that, in the event my child requires medical or dental treatment while engaged in the activity, reasonable efforts will be made to contact me; however, if I cannot be reached, I hereby consent and give permission to the ministry's sponsor or any adult counselor acting on behalf of the ministry with respect to the Activity, as agent for me to consent to any X-ray examination; injections; anesthesia; medical, dental or surgical diagnosis and treatment;and the services are rendered, either as an outpatient or in any hospital. To the best of my knowledge, I have listed above all of my child's medical allergies, medications being taken, medical problems and other pertinent information.

Name of Participant(Print)

Signature of Participant

Date

(THIS SIGNATURE IS ACKNOWLEDGED BY A NOTARY PUBLIC ON LAST PAGE)

Annual Liability Release Form

Release of All Claims - Minor Participants

In consideration of being accepted by First Baptist Church of Fairhope, Alabama Inc. for participation in all church activities, events or trips to be held during the next year, (I), being 19 years of age or older do hereby release, forever discharge and agree to hold harmless First Baptist Church of Fairhope, Alabama Inc., its staff, employees, leaders, directors, volunteers and any other agents (hereinafter called "agents") from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and/or the child-participant that occur while said child is participating in any church activity, event or trip, irregardless of the location(s) of such activity, event or trip.

Assumption of Risk

Furthermore, we (I) assume all risk of personal injury, sickness, death, damage and expense as a result of participation in all aspects of the above referenced activity/event for ourselves and on behalf of the child participant. Such risks may include exposure to other participants who are ill or have special medical conditions.

Indemnification

The undersigned agrees to hold harmless and indemnify First Baptist Church of Fairhope, Alabama Inc. and its agents for any liability and related expenses sustained by said Church as the result of the negligent, willful or intentional acts of said participant.

Medical Treatment Authorization

Permission is granted to take said participant to a doctor of hospital if needed. We (I) authorize medical treatment, including but not limited to emergency surgery, and assume the responsibility of all medical bills, if any.

Unplanned Transportation Costs

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) assume all transportation costs and as appropriate, to fully indemnify and / or reimburse First Baptist Church of Fairhope, Alabama Inc. or its agents.

Photo/Audio/Web Release

Further, we (I) consent to the use of any video images, photographs, audio recordings, or any other visual or audio reproduction that may be taken of the child-participant during their participation in any activity, event or trip to be used, distributed, or shown as said Church sees fit including but not exclusive to: slide shows, church website, print media and local newspapers.

Name of Participant

Signature of Participant

Date

(This signature is acknowledged by a notary public on last page)

Name of Parent/Guardian (Print)

Signature of Parent/Guardian

Date

STATE OF ALABAMA)
COUNTY OF BALDWIN)

I, the undersigned NOTARY PUBLIC, in and for said County and State, HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared _____, the Parent/Guardian of _____, who is personally known to me and he/she, in my presence, confirmed to me that he/she has read the forgoing instruments, and further declared to me that he/she has signed the foregoing instruments voluntarily as his/her own free act, all of the three foregoing instruments attached hereto which are: a Health Record Consent Treatment and Release for all activities for the year _____ form, the Annual Liability and Release form (for the year: _____) form and the Parental Permission release form (for in town, out of town and overnight travel) and acknowledged before me that he/she/they executed each of the three instruments for the purposes therein expressed.

WITNESS my hand and official seal this on _____, 20_____.

NOTARY PUBLIC,
STATE OF ALABAMA
My Commission Expires: _____