



FBC Parental Consent/ Medical Treatment Form July 2016- June 2017

Name of Church: First Baptist Church-Sierra Vista

MEDICAL AND SURGICAL WAIVER

(TO BE FILLED OUT BY PARENT OR GUARDIAN OF STUDENT/MINOR UNDER 18 YEARS OLD)

I, the undersigned parent or guardian of _____, a minor, do hereby acknowledge that said minor is presently under my care, custody and control. I hereby give my child, the said minor, my express permission to participate in Youth trips and events from July 1, 2016 to June 30, 2017. In the event there arises an emergency, necessitating medical, surgical attention, I hereby consent and give my permission to FIRST BAPTIST CHURCH, it's representatives, or the sponsors, or any attending physician, to make such decisions and to perform such medical treatments and/or surgery upon said minor which may in their sole discretion be necessary and proper under the circumstances.

I do release, acquit, discharge, and covenant to hold harmless FIRST BAPTIST CHURCH or it's representatives, or the sponsors, or any attending physician, from any and all actions, causes of actions, damages, or liabilities arising out of the treatment of any sickness or accident. I also assume full financial responsibility for medical treatment provided during the attendance of any trips.

Insurance Company or Group: _____

Policy Number: _____

Please list below any prescribed medications and dosages your student is taking:

Please list any allergies, limiting physical conditions, etc.

Name of Student: _____ Student Email Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (Most Reachable): _____ Alternate Phone: _____

Signature of Parent/Guardian

Parent/Guardian E-Mail Address

Parent/Guardian Name (Printed)