



# FBC Parental Consent/ Medical Treatment Form July 2017- June 2018

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, 2017 to June 30, 2018. 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)