MEDICAL & LIABILITY RELEASE

FIRST BAPTIST DALLAS

My child, _____, may participate in the _____ on _____.

I understand that in the event medical intervention is needed, every attempt will be made to contact the persons listed on this form. In the event I cannot be reached in an emergency, I hereby give permission to the physician or dentist selected by the activity leader to secure medical treatment and/or to order an x-ray examination, injection, anesthesia, surgery or any other medical intervention for my child as deemed medically necessary.

I understand that my health insurance coverage for my child will provide primary coverage in the event medical treatment or intervention is needed. I understand that I shall be liable for and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to my child.

I agree to allow the identified child to participate in the activity identified above and understand reasonable safety precautions will be taken at all times by First Baptist Church of Dallas and its agents. I understand the possibility of unforeseen hazards and know the inherent possibility of risk.

I understand that photos and videos of my child may be taken for use in First Baptist Church of Dallas publications. I also understand that publication of these photographs may be accomplished electronically via the Internet/World Wide Web and that after publication First Baptist Church of Dallas will be unable to prevent persons from gaining access to the Internet/World Wide Web, copying my child's photographs and video there from, and subsequently using, altering or republishing them without my consent.

I waive any claim for damages against First Baptist Church of Dallas from un-consented use, alteration or republication of my child's photographs and video by third parties accessing the Internet/World Wide Web.

I AGREE NOT TO HOLD FIRST BAPTIST CHURCH OF DALLAS, ITS LEADERS, EMPLOYEES, AND VOLUNTEER STAFF LIABLE FOR ANY DAMAGES, LOSSES, DISEASES, OR INJURIES INCURRED AS A RESULT OF THE CHILD'S PARTICIPATION IN THIS ACTIVITY, AND I EXPRESSLY WAIVE ANY CLAIMS OF NEGLIGENCE AGAINST FIRST BAPTIST CHURCH OF DALLAS AND ITS EMPLOYEES, AGENTS AND VOLUNTEERS.

_____ _____

Parent or Legal Guardian Signature | Date

_____

Print Name of Parent or Guardian

PARENT/GUARDIAN EMERGENCY CONTACT INFORMATION

_____

Parent or Guardian Name | Home Phone

_____

Cell Phone | Work Phone

_____

Parent or Guardian Name | Home Phone

_____

Cell Phone | Work Phone

(Medical Information continued on back)

MEDICAL INFORMATION

Child/Student's Name | Date of Birth | Gender

Address | Phone Number

Family Physician's Name | Phone Number

IN CASE OF EMERGENCY AND IF PARENTS CANNOT BE REACHED, PLEASE PROVIDE AN ALTERNATE CONTACT:

Emergency Contact Name | Phone Number | Relationship

INSURANCE INFORMATION (Please provide copy of insurance card: front and back. **required to attend the event**)

Company | Group # | ID #

Responsible Party | Insurance Company Phone Number

HEALTH HISTORY (Attach additional sheet if necessary)

List and physical difficulties and medical conditions he/she may have:_____

Allergies:

MEDICATION (Must be filled out if child/student is taking medication, attach additional sheet if necessary)

Name of Medication: | Dosage: | Purpose:

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MEDICATIONS MUST BE IN ORIGINAL CONTAINER LABELED WITH: DATE, NAME OF DRUG, DOSAGE AND INTERVAL, PHYSICIAN'S NAME, AND PRESCRIPTION NUMBER

In order to best prepare for the unexpected, below is a list of common over-the-counter medications in case the need arises. In order to administer any medication (prescription or otherwise), we must have express permission from the parent/guardian.

Please CHECK below the medication to indicate you WILL ALLOW or WILL NOT ALLOW our staff to administer this medication to your child, according to the package recommened dosage and instructions, and initial below each.

Medication			Initial
Ibuprofen (Advil, Motrin)	☐ Will Allow	☐ Will NOT Allow	
Acetaminophen (Tylenol)	☐ Will Allow	☐ Will NOT Allow	
Antihistamine (Benadryl)	☐ Will Allow	☐ Will NOT Allow	
Anti-Diarrhea (Immodium)	☐ Will Allow	☐ Will NOT Allow	
Antacid (Pepto-Bismol, Tums)	☐ Will Allow	☐ Will NOT Allow	
Anti-nausea (Dramamine)	☐ Will Allow	☐ Will NOT Allow	

I_____ give permission for the medication(s) listed above to be administerered to my child by FBD personnel.

Parent/Guardian Signature | Date