



P.O. Box 355, 316 E. 4th / 940-569-1434 / www.fcburkstudents.com

Medical / Picture Release Form 2010

(Both sides of this form must be completed on all persons under 19 years of age)

PLEASE PRINT CLEARLY:

Student's **FULL** Name _____ Sex _____

Age _____ Birth-date _____

Address _____ City _____ State _____ Zip _____

Parents/Guardians Name _____

Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Contact other than Parent/Guardian _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

I, the undersigned parent or guardian of _____ a minor, do hereby authorize any staff member and/or adult sponsor who may be supervising or directing any activity sponsored by the First Baptist Church, Burkburnett, Texas, to authorize any necessary medical and/ or surgical treatment for my son/daughter in the event of an emergency due to sickness or accident, at any scheduled event/activity or travel to and from such event/activity. Also, I will allow a sponsor to distribute prescribed medication AND over the counter medications to include: Tylenol, Ibuprofen, Benedryl, Pepto-Bismol, when needed.

I understand that if medical treatment is required, every effort will be made to contact my family doctor and/or me. However, if neither can be reached or the situation demands immediate attention, I give my permission to any staff member and/or adult sponsor to secure the services of a licensed physician to provide the care necessary. Furthermore, I release and agree to hold harmless the First Baptist Church, its staff, employees, and sponsors from any liability for personal injury, damage or loss that the above named person may sustain while participating in any event/activity sponsored by the First Baptist Church, Burkburnett, Texas. I also agree to be responsible for ALL cost associated with my child's treatment and will reimburse First Baptist Church, Burkburnett, Texas for any expenses incurred.

I agree to allow the staff and sponsors selected by First Baptist Church to reasonably discipline my child during any activities sponsored by First Baptist Church if, in the sole judgment of such staff sponsors or other designated sponsor, such reasonable discipline is necessary. I have explained to my child the attitude and actions expected during such activities. If any staff sponsors or other designated sponsors deem it necessary for my child to return from any trip due to illness, injury, or misconduct, I agree to be responsible for all cost associated with such a return trip and reimburse First Baptist Church, Burkburnett, Texas for any expenses incurred.

Furthermore, I give my permission to allow the above named person's photograph to be used in publications of First Baptist Church, Burkburnett, such as brochures, website, newspaper, etc.

SIGNATURE of Parent /Guardian _____ **Date** _____

← ← **TURN OVER FOR INSURANCE INFORMATION** → →

Insurance Information

The following information will be requested by the physician and/or medical facility in the event of an emergency. Please help us by making sure you give **COMPLETE** and **CORRECT** information. This Medical / Picture Release Form is valid for all First Baptist Church sponsored events/activities for the **calendar year of 2010**.

Parent/Guardian Name _____

Social Security Number of Insurance Policy Holder _____

Medical Insurance Company's Name _____

Medical Insurance Company's Address _____
City State Zip

Medical Insurance Company's Phone Number _____

Policy Number _____ Group Number _____

Please list and explain any *medical allergies, medication being taken, medical problems, physical limitations* or *other pertinent information*:
