



**HEALTH RECORD, CONSENT FOR TREATMENT,
AND RELEASE
ALL EVENTS FOR 2018-19**

Note: Parent/Guardian - 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 OF STUDENT: _____
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.

Signature _____ Date _____
(Parent or Guardian)

Witness _____ Date _____

State of Alabama
County of Baldwin

Before me the undersigned authority in and for said State and County, personally appeared the person whose name is subscribed to the foregoing instrument and declared that he/she has read the instrument and has signed same voluntarily as his/her own free act.

Given under my hand and seal of office this _____ day of _____, 20_____.

Notary Public



Parental Permission Release (In, Town, Out of Town & Overnight Travel 2018-2019)

I (we), the parent(s) of _____, hereby give permission for my
(student/child's name)
student to attend and/or participate in events and trips with First Baptist Church of Fairhope during the
year of 2018.

I understand that travel will be provided by Church bus/van unless otherwise notified. _____
Initial

IF SWIMMING IS INVOLVED.....

We understand that swimming can be a dangerous activity and also understand that it is important for
First Baptist Church of Fairhope, Alabama Inc. to be fully informed as to the swimming ability of my (our)
child. As such, I (we) are familiar with the ability of my (our) child to swim and rate his/her ability as fol-
lows:

- _____ My (Our) child does not have my (our) permission to go swimminjg during any activity.
- _____ My (Our) child has little knowledge of swimming and does not have confidence going under water.
- _____ My (Our) child has some knowledge of swimming and is able to swim in water over his/her head.
- _____ My (Our) child is a good swimmer and has confidence swimming underwater and in water over
his/her head.

We understand that First Baptist Church of Fairhope, Alabama Inc. does not represent that swimming will
be supervised by professional or certified lifeguards.

In consideration of _____'s being allowed to go on any said
(Student/child's name)

trip during the year of August 2018- August 2019, we release First Baptist Church of Fairhope, Alabama
Inc., it's staff, chaperones, and members from any claim or cause of action for injury, sickness, damage
or loss of whatsoever nature sustained on said trip, and we agree to protect, indemnify, and hold harm-
less First Baptist Church of Fairhope, Alabama Inc. its staff, chaperones, and members and to pay them
all sums which they may be subject to pay in consequence of any claim by, or injury, sickness or death to
_____. We also give permission for any hospital, physician or medical personnel to

(Student/Child's name)
administer treatment as needed to

_____ in case of illness or injury.
(Student/Child's name)

_____ Date ___/___/___

_____ Date ___/___/___

Signature(s) of parent (s)

State of Alabama
County of Baldwin

Before me the undersigned authority in and for said State and County, personallly appeared the person
whose name is subscribed to the foregoing instrument and declared that he/she has read the instrument
and has signed same voluntarily as his/her own free act.

Given under my hand and seal of office this _____ day of _____, 20_____.

_____ Notary Public