

# First Baptist Church Charlotte and Student Ministries Liability Release Form (Valid for One Year from Date Signed)

Together with their respective Officers, Employees and Agents, as well as each volunteer assisting them are collectively designated by the abbreviation "FBC" throughout this entire form, and the term "FBC" shall refer to them individually as well as collectively.

- ◆ I (we) hereby authorize FBC to take my (our) child to the undersigned's designated physician or facility of FBC's choice for medical treatment in the event of an emergency in which neither parent can be reached after reasonable attempt to reach them. **I give permission for my (our) child to attend and participate in ALL activities sponsored by FBC.**
- ◆ I (we) hereby authorize FBC to transport my (our) child to or from church and/or any other church related and sponsored activities and events with church or Volunteer automobile.
- ◆ I (we) authorize FBC to include my (our) child in routinely supervised water, recreational, service and al other FBC sponsored activities.
- ◆ I (we) hereby authorize FBC to consent to any x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care to be rendered to my (our) child under the general or special supervision and on the advice of any physician or dentist representing to be licensed on the medical staff of a hospital or medical care facility, whether such diagnosis or treatment is rendered at the office of said physician or at the said facility or hospital.
- ◆ I (we) hereby authorize FBC to dispense to my (our) child any over-the-counter medications like Tylenol, Ibuprofen, Antacids, Benedryl. (according to proper dosage instructions)
- ◆ I (we) do hereby authorize any physician, dentist, hospital or medical treatment center to treat my (our) child in the case of emergency in which the undersigned's designated physician or dentist cannot respond.
- ◆ The undersigned adult shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. If it is necessary for my (our) child to return home due to medical reasons or otherwise, the undersigned shall assume and be responsible for the payment of all transportation costs.
- ◆ I (we) hereby release, forever discharge and agree to defend and hold harmless FBC from any and all liability, claims or demands for personal injury, sickness or death, as well as property damages and expenses, of any nature whatsoever which may be incurred by the undersigned adult and the child/participant that occur while said participant is participating in any trip or activity with FBC.
- ◆ I (we) (and on behalf of my (our) child/) hereby assume all risk of personal injury, sickness, death, damage and expenses as a result of participation in recreation and work activities involved therein. (The term "all risk" includes, but is not limited to the following: any injury, sickness, death or damages resulting from exposure to outdoor elements such as pond water, snakes, sun, vegetation, insects, etc. or from activities such as creating or operating rope course recreation, mountain biking, mountain boarding, paintball, bonfires, kayaking, puddle jumping, hiking, water sports, basketball, football, etc.)
- ◆ Further authorization and permission is hereby given to FBC to furnish any necessary transportation, food, and lodging for my (our) child.
- ◆ The undersigned further hereby agrees to hold harmless and indemnify FBC from and against any claim against or loss incurred by FBC as the result of the negligent, willful or intentional acts of my (our) child, including any expense incurred attendant thereto.
- ◆ The medical consent and liability waiver provisions hereof shall remain in full force and in effect until written notice of revocation or withdrawal is received by FBC at its office at 301 South Davidson St Charlotte NC, 28202. I (we) acknowledge and agree that it is my (our) responsibility to notify First Baptist Church Charlotte of any changes in medical condition, guardianship, address or telephone, in writing to the address listed at the beginning of this form.

**\*\*SIGNATURE NOT VALID UNLESS SIGNED IN THE PRESENCE OF A NC NOTARY PUBLIC**

\_\_\_\_\_  
Father or Male Legal Guardian Date

\_\_\_\_\_  
Mother or Female Legal Guardian Date

.....  
-Notary Public Information-

Name \_\_\_\_\_ State of \_\_\_\_\_ County of \_\_\_\_\_

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_\_

Notary Signature \_\_\_\_\_ My Commission Expires \_\_\_\_\_

**First Baptist Church – Statik Student Ministries**  
**Medical Permission and Release Form**  
301 South Davidson St, Charlotte, North Carolina 28292 – 704-375-1446

Student's Name \_\_\_\_\_ Date Completed \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date \_\_\_\_\_ Graduating class of \_\_\_\_\_ Home Number \_\_\_\_\_

Mother \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

Father \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell \_\_\_\_\_

In the case of an emergency and a parent cannot be reached, please contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Required Emergency Medical Information:**

Family Physician \_\_\_\_\_ Office Phone \_\_\_\_\_

Family Dentist \_\_\_\_\_ Office Phone \_\_\_\_\_

Insurance Name \_\_\_\_\_ Policy Number \_\_\_\_\_

Primary Insured \_\_\_\_\_

Ins Phone \_\_\_\_\_

**\*\*Please attach a copy of the front and back of your insurance card to be turned in with this form.**

List Date of Last Immunization: DPT \_\_\_\_\_ MMR \_\_\_\_\_ Tetanus Only \_\_\_\_\_ Polio \_\_\_\_\_

Check if Child has had: Chicken Pox \_\_\_\_\_ Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Whooping Cough \_\_\_\_\_

Medical Allergies: \_\_\_\_\_

Other allergies (i.e., bee stings, food, etc.) \_\_\_\_\_

List any other known medical conditions: \_\_\_\_\_  
(attach any information pertinent to your child's health; ie, how to detect that a diabetic child needs medical attention, etc.)

**Daily Medication Requirements:**

Medicine \_\_\_\_\_ Dosage \_\_\_\_\_ Time \_\_\_\_\_

Medicine \_\_\_\_\_ Dosage \_\_\_\_\_ Time \_\_\_\_\_

I (we) hereby DO \_\_\_\_\_ or DO NOT \_\_\_\_\_ consent to the use of blood and/or blood products under the care of a licensed physician in the case of emergency.