***ONE Student Ministry***

**Medical & Liability Release Form**

Student Name Phone Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Event Name: Chipley Dnow 2016

Address/ City/ State/ Zip

Date of Birth

I, the undersigned parent or legal guardian of the child named above, do hereby grant my permission and consent for the said child to attend and participate in the events and activities of *ONE Student Ministry*, both on and off church grounds, including the necessary transportation to and from these events and activities.

Permission is granted for my child to receive medical care if: (1) such care is deemed necessary by the persons in charge of the event; (2) the proposed medical treatment or procedures are immediately or imminently necessary and any delay occasioned by an attempt to obtain my parental consent would reasonably jeopardize the life, health, or well-being of the child affected; (3) I cannot be personally contacted.

I further agree not to hold First Baptist Church of Chipley or any of its paid staff or volunteers responsible for any accident that may occur on the way to, from, or during an event. I indemnify, defend and hold harmless FBCC for all claims made and liabilities assessed against them as a result of any event or activity. I release FBCC and all medical providers from liability in acting on my behalf in this regard and rendering such medical treatment. I assume the risk and financial responsibility for any injury resulting from any event or activity.

Furthermore, I understand and assume the expenses of any property damage caused by my child. Should it be necessary that my child be returned home due to disciplinary action (when on trips), I will be contacted by the leaders and will be responsible to pick my child up and assume the cost of transportation.

By signing below, I am acknowledging that I have read through and understand the above statements.

## Signature of Parent or Guardian Date

In Case of Emergency, Please Contact:

1. Name Phone

Relationship to Teen

1. Name Phone

Relationship to Teen

Medical Information

Physician Phone

Medical Insurance Company

Policy # Member’s Name

Allergies / Meds

Other

*(Attach a copy of insurance card if possible)*

*If your child has filled this out in the last 12months and nothing has changed you don’t need to provide medical info.*

**Parent’s/Guardian’s Permission (Must be signed by parent/guardian in order for student to participate)**

I hereby grant permission for the above named applicant to go on and take part in any church trip or activity. I also give my permission for the above named applicant to be treated by a medical doctor, if deemed necessary, by the church leader or chaperone accompanying the group.

**Parent’s/Guardian’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ personally appeared before me, is personally known by me, and in my presence executed the within and foregoing permission and release form.

Witness my hand and official seal this \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_

My Commission Expires \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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