

MEDICAL & LIABILITY RELEASE FIRST BAPTIST DALLAS

My child,	, may participate in the	on
listed on this form. In the event I ca or dentist selected by the activity I	cal intervention is needed, every attempt innot be reached in an emergency, I he leader to secure medical treatment are to other medical intervention for my chi	reby give permission to the physician ad/or to order an x-ray examination,
treatment or intervention is needed.	ice coverage for my child will provide p . I understand that I shall be liable for a nedical and dental services rendered to	and agree to pay all costs and expenses
safety precautions will be taken at a	d to participate in the activity identificall times by First Baptist Church of Dad know the inherent possibility of risk	allas and its agents. I understand the
publications. I also understand that the Internet/World Wide Web and the persons from gaining access to the I	eos of my child may be taken for us it publication of these photographs ma that after publication First Baptist Chu- internet/World Wide Web, copying man ing or republishing them without my c	ay be accomplished electronically via rch of Dallas will be unable to prevent y child's photographs and video there
, ,	ninst First Baptist Church of Dallas f aphs and video by third parties accessing	
FOR ANY DAMAGES, LOSSES, DIS	TIST CHURCH OF DALLAS, ITS LEADERS, EM SEASES, OR INJURIES INCURRED AS A RE WAIVE ANY CLAIMS OF NEGLIGENCE AGA ID VOLUNTEERS.	ESULT OF THE CHILD'S PARTICIPATION IN
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

CHILD/STUDENT'S NAME		Date of Birth	Gender
Address		Phone Number	
Family Physician's Name		Phone Number	
IN CASE OF EMERGENCY AND IF PARENTS CA	INNOT BE REACHED, PLEAS	E PROVIDE AN ALTERNATE (CONTACT:
EMERGENCY CONTACT NAME		Phone Number	Relationship
INSURANCE INFORMATION (Please provide co	opy of insurance card: front	and back. REQUIRED TO AT	FEND THE EVENT)
Company		Group#	ID#
RESPONSIBLE PARTY		Insurance Company Phone	Number
HEALTH HISTORY (Attach additional sheet if no	ecessary)		
List and physical difficulties and medical		aave:	
Allergies:			
MEDICATION (Must be filled out if child/stude	ent is taking medication, atta	ach additional sheet if necess	ary)
Name of Medication:	Dosage:	Purpose:	
Name of Medication:	Dosage:	Purpose:	
MEDICATIONS MUST BE IN ORIGINAL CON PHYSICIAN'S NAME, AND PRESCRIPTION NU		ATE, NAME OF DRUG, DOS	SAGE AND INTERV
In order to best prepare for the	HE UNEXPECTED, BELOW		
MEDICATIONS IN CASE THE NEED ARI OTHERWISE), WE MUST HAVE EXPRESS			(PRESCRIPTION
PLEASE CHECK BELOW THE MEDICA			NOT ALLOW O
I LEASE CITECK BELOW THE MEDICA			
STAFF TO ADMINISTER THIS MEDICA	TION TO YOUR CHILD, I		
STAFF TO ADMINISTER THIS MEDICA			Initial
STAFF TO ADMINISTER THIS MEDICA DOSAGE AND INSTRUCTIONS, AND INF		□ Will NOT Allow	I
STAFF TO ADMINISTER THIS MEDICA DOSAGE AND INSTRUCTIONS, AND INSTRUCTIONS MEDICATION	TIAL BELOW EACH.	☐ Will NOT Allow ☐ Will NOT Allow	I
STAFF TO ADMINISTER THIS MEDICA DOSAGE AND INSTRUCTIONS, AND INSTRUCTIONS MEDICATION Ibuprofen (Advil, Motrin)	TIAL BELOW EACH. □ Will Allow	+	I
MEDICATION Ibuprofen (Advil, Motrin) Acetaminophen (Tylenol)	□ Will Allow □ Will Allow	☐ Will NOT Allow	I
STAFF TO ADMINISTER THIS MEDICAL DOSAGE AND INSTRUCTIONS, AND INST	□ Will Allow □ Will Allow □ Will Allow	☐ Will NOT Allow ☐ Will NOT Allow	I
STAFF TO ADMINISTER THIS MEDICA DOSAGE AND INSTRUCTIONS, AND INST MEDICATION [Ibuprofen (Advil, Motrin) Acetaminophen (Tylenol) Antihistamine (Benadryl) Anti-Diarrhea (Immodium)	Will Allow Will Allow Will Allow Will Allow Will Allow	☐ Will NOT Allow ☐ Will NOT Allow ☐ Will NOT Allow	I
MEDICATION Ibuprofen (Advil, Motrin) Acetaminophen (Tylenol) Antihistamine (Benadryl) Anti-Diarrhea (Immodium) Antacid (Pepto-Bismol, Tums)	Will Allow Will Allow Will Allow Will Allow Will Allow Will Allow Will Allow	☐ Will NOT Allow ☐ Will NOT Allow ☐ Will NOT Allow ☐ Will NOT Allow	I