

FAITH BIBLE CHURCH
STUDENT MEDICAL RELEASE FORM

Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Birth Date: _____ Grade: _____

EMERGENCY NOTIFICATION (Parent):

ALTERNATE CONTACT:

Name: _____

Name: _____

Home Phone: _____

Home Phone: _____

Occupation: _____

Work Phone: _____

Employer: _____

Cell Phone: _____

Work Address: _____

Family Doctor: _____

Work Phone: _____

Phone: _____

INSURANCE COMPANY:

Preferred Hospital:

Ins. Co. Name: _____

I.D.#: _____

Claims Address: _____

Ins. Co. Telephone: _____

Please list any medical allergies, medications being taken, medical problems or other pertinent information:

In consideration of my child participating in activities sponsored by Faith Bible Church I waive any and all claims against the church, its officers or leadership in the event of an accident or personal injury of the child.

All church sponsored activities, whether conducted on or off the campus, are covered with liability and medical insurance through Brotherhood Mutual. This is secondary insurance which will pay any medical expenses up to \$5000 that your insurance does not cover.

I understand that in the event medical treatment is required, every effort will be made to contact me and/or the alternate person named above. If one of us cannot be reached, I give my permission to the staff or sponsors of the activity to secure the services of a licensed physician, and any other medical services deemed necessary, to provide the care necessary for my child's well-being.

Routinely, FBC will post photos of events on their web site for attendees to log in and view.

I do not give permission for my child's picture to be taken and used by Faith Bible Church.

PARENT'S/GUARDIAN'S SIGNATURE _____

DATE _____