

First Burk  
Student Ministry  
**Medical Information and Release Form**

Student Information

Student's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

School: \_\_\_\_\_ Date Of Last Tetanus Shot: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

In case of emergency call:

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Information

Allergies, medicines, or medical information that needs to be known about the student:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Insured Parent Name: \_\_\_\_\_ Insured Parent Employer: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Insurance Company Phone: \_\_\_\_\_

Please Attach Copy of Insurance Card

I understand that in the event of a medical emergency every effort will be made to contact the parent or guardian listed above. However, in the event that the named parent or guardian cannot be reached, I hereby authorize the church minister(s), youth sponsors, present on such trip, activity or event to select such physicians, nurses, medical authorities, and/or hospitals to administer proper treatment for my child and/or to order and administer to him/her such injection, medication, anesthesia, surgery, hospitalization, or such other medical practices as they deem necessary.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# First Burk Student Ministry Consent and Liability Release

I, \_\_\_\_\_, hereby acknowledge that it is my desire (for my child) to participate in church-sponsored activities at FBC Burkburnett including activities on and/or away from the church premises as well as transportation to and from such activities.

My child is voluntarily participating in these activities, including transportation to and from such activities, with knowledge of dangers involved and hereby agree to accept any and all risks of injury as a result of such participation and transportation.

As lawful consideration for permitting my child to participate in such activities, including the transportation to and from such activities, I hereby release and discharge *First Baptist Church Burkburnett*, its officers, employees, agents and members of the Church Board from all actions, claims or demands resulting from the negligence or other acts, howsoever caused, by such church, officers, employees, agents and Church Board, before or during my child's participation in such church sponsored activities on and or away from the church premises, including transportation to and from such activities.

## Student Transportation

I, \_\_\_\_\_, approve of and authorize the transporting of, my child \_\_\_\_\_, to and from church sponsored events in a private vehicle. I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and an assumption of risks, and sign it of my own free will.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

## Conduct & Consequences

All students will be expected to be obedient to all Ministry Leaders and Volunteers at all times within reason. Also, students will be expected to adhere to the law at all times. No student will be allowed to put themselves or others in danger at anytime. Offences will be have consequences corresponding in severity, and shall be determined by the youth staff on location. No physical discipline will be used unless in effort to restrain physical misconduct. Consequences may include, but are not limited to, verbal reprimand, loss of privileges while on trip, or being sent home. Should a student be sent home it will be at their own expense. Parents, and the student, will be expected to immediately reimburse the church for expense incurred in sending a student home. If a student is sent home, they will not be refunded their fees for an event.

I, \_\_\_\_\_ the parent/guardian of \_\_\_\_\_ understand and accept the above policy of conduct and consequences. By signing I agree that my student will be subject to these policies, and empower the Ministry Staff of First Baptist Church Burkburnett to act as it is appropriate in regards to my child.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Student Signature