

**GENERAL PERMISSION AND MEDICAL LIABILITY RELEASE FORM**  
**FERRY FARM BAPTIST CHURCH - Valid: 9/1/18 – 9/1/19**

Please Complete All Fields

Student Name: \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Gender: M or F (circle) Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (mm/dd/yyyy)

<p><b>Primary Parent/Guardian(s):</b> Name: _____ Day Phone: _____ Cell Phone: _____ Name: _____ Day Phone: _____ Cell Phone: _____ Email: _____ Home Phone _____ if Different: _____ Address if Different: _____ _____</p> <p><b>Alternate Emergency Contact:</b> Name: _____ Relationship: _____ Contact Phone: _____ Family Physician: _____ Phone: _____</p> <p><b>Medical Insurance Information</b> Company: _____ Subscriber Name: _____ Group #: _____ Policy #: _____ Phone: _____</p> <p><b>Describe Any Allergies, or Medical Conditions Which May Recur Or Be A Factor In Medical Treatment:</b> _____ _____ _____ _____</p>	<p><b>Medications (Name/Dosage/Purpose)</b> Regular: _____ Short _____ Term: _____ Over-the-Counter Medications Allowed To Take: _____ _____</p> <p><b>Does student wear contact lenses?</b> ___ Yes ___ No Type: _____</p> <p><b>Date of Last Tetanus shot:</b> _____</p> <p><b>GENERAL PERMISSION</b> (please sign at bottom) I give the participant listed on this form permission to participate in Ferry Farm Baptist Church ministry events and outings. As the parent/guardian of the participant, I certify that the information provided on this form is correct to the best of my knowledge. In order that appropriate diagnosis and treatment may be promptly carried out and so that no unnecessary delays will occur, I give permission for such diagnostic, therapeutic, and operative procedures as may be deemed necessary for the person named. No major operation will be performed, however, except in an emergency, without a parent's or guardian's permission. I assume final responsibility for medical expenses incurred by the participant and for expenses involved in returning the participant home for medical reasons, or for any of the following reasons: substance abuse, endangering the life of another person, or sexual, illegal or continual misconduct. I understand that each individual is responsible for his/her own insurance coverage during any trip. I hereby release and forever discharge Ferry Farm Baptist Church, its staff, all sponsors, state conventions, employees, and any designated individual in charge of any trip from any legal responsibility, financial responsibility, all claims, demands, actions or cause of action, past, present, or future with respect to my personal or child's participation in any Church activity.</p> <p><b>STUDENT:</b> Indicate your consent to the following: <b>PERSONAL PROPERTY WAIVER:</b> I understand that it is my responsibility to safeguard my personal property. I further understand that Ferry Farm Baptist Church will not under any circumstances be responsible for any property lost, misplaced or stolen. <b>Student Signature:</b> _____</p> <p><b>PARENT:</b> Indicate your consent to the following: <b>PHOTO/VIDEO:</b> _____ Approval _____ Disapproval _____ As a participant, my child may be photographed or videotaped during normal Church activities and these photographs or videos may be used in Church materials or posted on the Church's website. <b>Parent Signature:</b> _____</p>
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Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_