

# MEDICAL RELEASE/PARENTAL CONSENT FORM

First Baptist Church Glen Rose, 201 West Gibbs, Glen Rose, TX 76043 (254) 897-2351

## PARTICIPANTS INFORMATION:

Name	Age	Gender	Birthdate
Address	City	State	Zip
Home Phone	Child Cell Phone		
Home E-mail	Child E-mail		
School			Grade
Member of FBC? Y / N	Guest of? _____		

## EMERGENCY CONTACTS:

Mother's Name	Home Phone	Cell Phone
Mothers Place of employment	E-mail	
Fathers Name:	Home Phone	Cell Phone
Father's Place of employment	E-mail	

In event of illness or emergency and parents cannot be reached, we should notify:

Name	Relationship	Home Phone	Cell Phone
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## HEALTH INSURANCE INFORMATION:

Insurance Company	Phone Number
Policy Holder	ID/Group #

## MEDICAL INFORMATION:

Physician's Name	Phone	Hospital Preference
<u>MEDICAL HISTORY</u> Check the ones that apply to your child:		
[ ] Asthma    [ ] Diabetes    [ ] Epi-Pen    [ ] Heart    [ ] Seizures    [ ] Stomach    [ ] Other: _____		
Does your child wear contact lens? _____	Glasses? _____	Date of last Tetanus Shot: _____
<u>ALLERGIES</u> (medicines, food, insect stings, plants, etc.)		

MEDICATION List all to be taken (include medication name, dose, frequency and reason for each)

Medication:	Dose:	Frequency:	Reason taken:

**PLEASE CONTINUE ON BACK  
SIGNATURE NEEDED**

# Release, Discharge, Waiver and Hold Harmless Agreement

## MEDICAL ATTENTION:

I hereby authorize any staff member and/or adult sponsor who may be supervising or directing any activity sponsored by First Baptist Church Glen Rose to administer any medications to my child that I have provided in their original containers using my written instructions. I also authorize medical treatment, including but not limited to emergency surgery. I agree to assume liability for any and all costs and expenses incurred, including medical and dental costs, and that First Baptist Church Glen Rose, its staff, employees, and sponsors with them are not responsible.

## LIABILITY RELEASE:

I understand that the risk of injury from any recreational and work activities is significant, including, but not limited to, the potential for permanent paralysis and death. While rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist. I knowingly and freely assume all risks, both known and unknown, even if arising from negligence, and assume full responsibility for my child's participation and observation of such recreational and work activities.

I do hereby release, forever discharge, and covenant to hold harmless First Baptist Church Glen Rose, its staff, employees, and sponsors from any and all liability, claims or demands for personal injury, sickness and death, as well as property damage and expenses, of any nature whatsoever while participating in any event sponsored by First Baptist Church Glen Rose, including travel to and from any church activities. This agreement also applies to any and all activities on or off church property.

## BELONGINGS:

I give authority and permission to First Baptist Church Glen Rose, its staff, employees, and sponsors to inspect my child's belongings.

## UNPLANNED EXPENSES:

If it is necessary for my child to return home before the scheduled return, I shall assume all costs associated with such a return trip. I assume full responsibility for any damage to property and/or equipment caused by my child and I understand I will be responsible for the replacement of same.

## TRANSPORTATION PERMISSION:

I give my permission for my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by First Baptist Church Glen Rose.

## PERMISSION FOR USE OF PICTURES:

Photos or videos taken of my child during any event may be used to promote and/or report on the event in any First Baptist Church Glen Rose advertising, publication, or media (including social media) UNLESS prior WRITTEN notice is provided to FBC staff. Names of minors will not be used.

## PERMISSION TO PARTICIPATE:

I hereby grant my permission for my child to participate fully in any and all events and/or activities that are a part of any program or activity of FBCGR.

## PERMISSION FOR COUNSELING:

I understand that First Baptist Church Glen Rose sponsored activities provide a place where children can seek counsel and advice from adult leaders, staff, counselors, and others. I hereby consent to my child receiving spiritual and emotional counsel.

## INFORMATION VERIFICATION:

I, the undersigned, do hereby verify that the above information on both pages is correct, and I agree to understand and abide by FBC GR policies including but not limited to this document.

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Child/Student PRINTED NAME

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Parent/Guardian PRINTED NAME

Relationship to Child/Student

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Parent/Guardian SIGNATURE

Today's Date

This authorization is valid until August 31, 2025