

First Baptist Church Elk City  
Children & Student Ministries  
1600 W. Country Club Blvd., Elk City, OK 73644  
Medical Permission & Release Form **2023**

The following information will be used with registration forms completed for any children and/or student ministry events. Please take a few moments & complete all information correctly, i.e., check spelling of names, addresses, phone numbers, etc.

**Please complete both sides of this document.**

Student's Name \_\_\_\_\_ Today's Date \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Age \_\_\_\_\_ D.O.B. \_\_\_\_\_ Grade (Fall 22-23) \_\_\_\_\_ Male \_\_\_ Female \_\_\_  
Father \_\_\_\_\_ Work Phone # \_\_\_\_\_  
Mother \_\_\_\_\_ Work Phone # \_\_\_\_\_  
Guardian \_\_\_\_\_ Work Phone # \_\_\_\_\_  
Email \_\_\_\_\_

In the case of an emergency and a parent/guardian cannot be reached, please contact:

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relation \_\_\_\_\_

Required Medical Information:

Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Family Dentist \_\_\_\_\_ Phone # \_\_\_\_\_

Hospital/Medical Insurance [ ] Yes [ ] No Policy # \_\_\_\_\_

Primary Insured \_\_\_\_\_ Insurance Company \_\_\_\_\_

Insurance Company Phone # \_\_\_\_\_

**\*\*Please attach a copy of the front & back of your insurance card to be turned in with this form.\*\***

List date of last Tetanus immunization \_\_\_\_\_ (mm/yy)

Check if child has had vaccinations for:

Chicken Pox \_\_\_ Measles \_\_\_ Mumps \_\_\_ Whooping Cough \_\_\_ COVID-19 \_\_\_

Daily Medication Requirements:

Medicine \_\_\_\_\_ Prescribed Dosage \_\_\_\_\_ Time \_\_\_\_\_

Medicine \_\_\_\_\_ Prescribed Dosage \_\_\_\_\_ Time \_\_\_\_\_

Allergies \_\_\_\_\_

Other important medical information \_\_\_\_\_

I (We) hereby DO \_\_\_ or DO NOT \_\_\_ consent to the use of blood and/or blood products under the care of a licensed physician in the case of an emergency.

I (We) hereby DO \_\_\_ or DO NOT \_\_\_ give FBC Elk City & Student or Children's Ministries permission to publish photographs or video footage taken of my child during church related activities or events.

First Baptist Church Elk City and Children and/or Student Ministries (together with their respective officers, employees, and agents) and each volunteer assisting them are collectively designated by the abbreviation "FBCEC" throughout this entire form and the term "FBCEC" shall refer to them individually as well as collectively.

- I (we) hereby give my (our) child to attend & participate in activities by FBCEC and/or Student and/or Children's Ministries.
- I (we) acknowledge & understand the inherent risk associated with participation in FBCEC Student and/or Children's Ministries activities, including but in no way limited to: (1) slips, trips, & falls, (2) athletic injuries, and (3) illness, including exposure to and infection with viruses or bacteria. I (we) further acknowledge that the preceding list is not inclusive of all possible risks associated FBCEC Student & Children's Ministries activities participation and that said list in no way limits the operation of this agreement. COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. Federal & state authorities recommend social distancing, wearing a face mask. And frequent hand washing to prevent the spread of this virus. **COVID-19 can lead to severe illness, personal injury, permanent disability, & death. Participating in FBCEC Student & Children's Ministries activities could increase the risk of contracting COVID-19.** FBCEC in no way warrants that COVID-19 infection will not occur through participation in FBCEC activities or accessing FBCEC facilities.
- I (we) hereby authorize FBCEC to transport my (our) child to or from church and/or any other church related and sponsored activity or events.
- I (we) authorize FBCEC to include my (our) child in routinely supervised water activities.
- Further authorization and permission are hereby given to FBCEC to furnish any necessary transportation, food, and lodging for my (our) child.
- I (we) (and on the behalf of my/our child) hereby assume all risk of personal injury, sickness, death, damage, and expenses as a result of participation in recreation and work activities involved therein.
- I (we) hereby authorize FBCEC to take my (our) child to the before named physician or facility for medical treatment in the event of an emergency which neither parent can be reached after reasonable attempt to do so.
- I (we) hereby authorize FBCEC to consent to any x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care to be rendered to my (our) child under the general or special supervision and on the advice of any physician or dentist representing to be licensed on the medical staff of a hospital or medical care facility, whether such diagnosis or treatment is rendered at the office of said physician or at the said facility or hospital.
- I (we) hereby authorize any physician, dentist, hospital, or medical treatment center to treat my (our) child in the case of emergency in which the before named physician or dentist cannot respond.
- I (we) hereby authorize FBCEC to dispense to my (our) child over-the-counter medications (according to proper dosage instructions) when reasonably deemed necessary.
- The undersigned adult shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services to the aforementioned child pursuant to this authorization.
- Should it be necessary for my (our) child to return home due to medical reasons or otherwise, the undersigned shall assume and be responsible the payment of all transportation costs.
- I (we) hereby release, forever discharge, and agree to defend and hold harmless FBCEC from any and all liability, claims or demands for personal injury, sickness or death, as well as property damages and expenses, of any nature whatsoever which may be incurred by the undersigned and child/participant that occur while said child is participating in any trip or activity with FBCEC.
- The undersigned further hereby agrees to hold harmless and indemnify FBCEC from and against any claim against or loss incurred by FBCEC as the result of the negligent, willful, or intentional acts of my (our) child, including any expense incurred attendant thereto.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_