

RELEASE AND HOLD HARMLESS  
AND DESIGNATION OF HEALTH CARE SURROGATE

In consideration of my child being allowed to participate in Bible Fellowship Church (BFC) activities and to travel with the BFC group, I do hereby for myself, my child, and for my child's heirs, assigns, executors and personal representatives release, waive, hold harmless and indemnify BFC and any other person or organization providing transportation for the church or providing the use of equipment or facilities to the church and the Church members, their officers, agents, employees, and volunteers and all other entities involved with programs or activities from any and all claims or causes of action, including personal injury and property damage, which may result from or arise out of my child named below participating in the program. This release includes all actions, causes of action, demands, payments, attorney's fees, benefits, rights, damages, costs, liens, subrogation rights, expenses and compensation whatsoever which I now have or which may hereafter accrue on account of or in any way growing out of any and all known and unknown, foreseen and unforeseen, bodily and mental personal injuries to my child and any property damages to any and all real or personal property resulting from any act or omission by the church. I further hold the church harmless from any claims and agree to indemnify the church from any loss, cost or damage stemming from any claims.

I hereby authorize any staff or volunteer of the church to act in my capacity to do every act that I may legally do to provide informed consent for necessary medical treatment and surgical and diagnostic procedures to my child, to act as my surrogate for health care decisions including to admit my child to any hospital, authorize any necessary treatment, surgical and anesthesia services on his or her behalf and sign any medical consent forms which may be necessary, and to demand, obtain, review, and release to others medical records or other documents protected by the patient-physician privilege, attorney-client privilege, or any similar privilege, including all records subject to, and protected by, the Health Insurance Portability and Accountability Act of 1996, as amended (HIPAA).

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Name of Child (Printed) \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_

Parent(s) or Guardian Name (Printed) \_\_\_\_\_

Parent's Signature \_\_\_\_\_

**Medical Information:**

1. List any known allergies \_\_\_\_\_

2. List any medical conditions \_\_\_\_\_

3. List any dietary restrictions \_\_\_\_\_

4. Home address \_\_\_\_\_

5. List phones

Home: \_\_\_\_\_ Business: \_\_\_\_\_

Cell: \_\_\_\_\_ Cell: \_\_\_\_\_

6. Emergency contact if unable to contact parent(s) listed on page one of this document:  
List Name & relationship & phone number

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

7. Medical insurance carrier & policy number

\_\_\_\_\_

8. List the name, address, medical specialty and phone number to be consulted in the event of emergency or medical problems

\_\_\_\_\_

9. List Tetanus Vaccination information

a. Name of vaccination (e.g. D.Tap, or T.dap): \_\_\_\_\_

b. Year vaccinated: \_\_\_\_\_

10. List any activities to be restricted \_\_\_\_\_

\*\*Please inform Bible Fellowship Church immediately of any changes in the information presented (This form is valid until revoked by the person(s) who signed it).

## DESIGNATION OF HEALTH CARE SURROGATE

I/We, \_\_\_\_\_ (Father) and \_\_\_\_\_ (Mother), the natural guardian(s) as defined in Section 744.301(1), Florida Statutes, of the following minor:

Child: \_\_\_\_\_

pursuant to Section 765.2035, Florida Statutes, designate the following person to act as my/our surrogate for health care decisions for such minor in the event that I/we am/are not able or reasonably available to provide consent for medical treatment and surgical and diagnostic procedures:

**Surrogate:** \_\_\_\_\_

**Bible Fellowship Church  
3750 Hammock Road  
Sebring, FL 33872  
(863) 385-1024**

If my/our designated health care surrogate for a minor is not willing, able, or reasonably available to perform his or her duties, I/we designate the following person as my/our alternate health care surrogate for a minor:

**Surrogate:** \_\_\_\_\_

**Bible Fellowship Church  
3750 Hammock Road  
Sebring, FL 33872  
(863) 385-1024**

I/we authorize and request all physicians, hospitals, or other providers of medical services to follow the instructions of my/our surrogate or alternate surrogate, as the case may be, at any time and under any circumstances whatsoever, with regard to medical treatment and surgical and diagnostic procedures for a minor, provided the medical care and treatment of any minor is on the advice of a licensed physician.

I/we fully understand that this designation will permit my/our designee to make health care decisions for a minor and to provide, withhold, or withdraw consent on my/our behalf, to apply for public benefits to defray the cost of health care, and to authorize the admission or transfer of a minor to or from a health care facility.

I/we will notify and send a copy of this documents to the following person(s) other than my/our surrogate, so that they may know the identity of my/our surrogate:

Names for Additional Notice: \_\_\_\_\_  
\_\_\_\_\_

**IN WITNESS WHEREOF**, I/We have hereunto set my/our hand(s) this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

_____	_____
Witness	<b>Father:</b> _____
Printed Name: _____	Address: _____
Address: _____	_____
_____	

_____	_____
Witness	<b>Mother:</b> _____
Printed Name: _____	Address: _____
Address: _____	_____
_____	

*Revised April 2016*