

2021 First Baptist Church Norfolk Medical Permission and Release Form

This Medical Release covers all events of First Baptist Church, Norfolk Student Ministries.
This Medical Release also covers other church events during the calendar year in which it is signed.

Name _____ Date of Birth _____ Age _____ Gender _____

Address _____ Grade _____ School _____

City _____ State _____ Zip _____ Home Phone _____

Parents Names _____

Work Phone (Dad) _____ (Mom) _____

Family Physician _____ Phone Number _____

Family Insurance Company _____ Policy Number _____

Immunizations Tetanus Polio Booster Measles Mumps

Swimming My child is a: Non-swimmer Fair Swimmer Good Swimmer

In the event of an emergency, give the name and phone number of friends or relatives we can contact who will know how to reach parents or guardians. **You MUST complete this information.**

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____



PAST/CURRENT MEDICAL HISTORY : Sinusitis Bronchitis Kidney Trouble Heart Trouble Diabetes
 Dizziness Stomach Upset Hay Fever Allergies Asthma

Previous operations or serious illnesses: _____

Current medications, dosage, how administered: _____

CHILDHOOD DISEASES: Chicken Pox Measles Mumps Whooping Cough Other _____

ALLERGIES: (List all applicable under each category)

Does child carry an EpiPen? Yes No

Foods: _____

Medications: _____

Insect Stings/Bites: _____ Latex Allergy/Sensitivity: Yes No

Does child require reasonable accommodations or require special dietary needs? Yes No (If yes, please explain)

Any other special instructions regarding child: _____



Permission and Release (Please fill in the blank and/or initial accordingly)

My permission is granted for the staff members or the designated/approved church representatives of First Baptist Church of Norfolk, to obtain necessary medical attention in case of sickness or injury to my child, _____. I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge all sponsors and the First Baptist Church of Norfolk, and its staff/representatives, from any and all claims, demands, actions, or cause of action, past present, or future arising out of any damage or injury while employed by or participating in the Student Ministry events.

_____ I further grant permission for my child to accompany First Baptist Church of Norfolk on approved trips of the church and to ride in approved vehicles with church approved drivers.

_____ The rights, powers, and authority of said representatives to exercise any and all of the rights and powers herein granted shall commence and be in full force and effect on the date listed below, and such rights, powers and authority shall remain in full force and effect thereafter until revoked by me in writing.

_____ At all Student Ministry events digital pictures are taken for the sole purpose of promotion. I understand that my child's picture may be used on our website, in publications to promote Student Ministry events, on our church-wide LEAD App, or on our Church Community Builder (CCB) Database Profile Page.

I have supplied, understood, and agree to all the information contained on this Medical Release Form.

Parent or Guardian's

Dated this _____ day of _____, 20__ Signature _____

Sworn and subscribed to before me, the undersigned Notary Public,

Dated this _____ day of _____, 20__, State of _____ County of _____

Signature _____, Notary Public. My commission expires: _____