

# 2024 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: \_\_\_\_\_