



PO BOX 340
Bandera, TX 78003

830-796-4171
email: contact@fcbbandera.com

Medical Release/Permission Slip/Waiver

Name of Student/Child: _____ DOB: _____

First/Last

Parents or Guardians:

Name:	
Address:	
Phone #'s	
Relationship to Student	

In the event of an emergency, and we cannot be reached at the above numbers please call one of the following:

Name: _____ Phone: _____

Name: _____ Phone: _____

Does the student have any of the following allergies?

Penicillin _____ Other Medication or Drugs _____

Insect Sting _____

Poison Oak/Ivy/Other _____

Hay Fever _____

Other _____

Food _____

Does the student take any medications? Please list any medication and frequency: _____

Are we authorized to administer medication? _____

Initial

Does the student have any known medical or health problems we need to be aware of? _____

Does this student have any medical restrictions? _____

Indicate the date of the students last tetanus shot: _____

Insurance Information: (Please provide a copy of insurance card)

Name of Insurance company: _____ Phone: _____

Address: _____ Name of policy holder: _____

Policy Number: _____ Physician: _____ Phone: _____

Any additional comments or things we need to be aware of? _____

Initial

_____ I hereby give permission for _____ to participate in any activity including but not limited to basketball, baseball, soccer, bowling, skating, skiing, fishing, camping, hiking, canoeing, paintball, ropes course, bicycling, concerts, rallies, conventions, camps, retreats, and the like or any other activity on or off campus sponsored by First Baptist Church Bandera, TX.

_____ I hereby give permission for the above-named student to ride in First Baptist Church Bandera vans, bus, or any van or bus that may be rented or chartered for various trips, events, and activities sponsored by First Baptist Church Bandera, TX.

_____ I hereby give permission for the above-named student to ride in an authorized sponsor vehicle of First Baptist Church Bandera, TX for any trip, event or activity sponsored by First Baptist Church Bandera, TX.

_____ I understand that at any and all trips, events, and activities sponsored by First Baptist Church Bandera, TX, the above-named student may have pictures or video taken of them and I hereby release the use of those photos and/or videos to be used on the website of FBC Bandera as well as any social media operated by FBC Bandera and its authorized sponsors and may be used for any promotional materials produced by First Baptist Church Bandera, TX.

_____ I hereby remise, release and forever discharge First Baptist Church Bandera, TX, its staff, sponsors, agents, servants, and all persons, firms and corporations whomsoever of and from any and all actions, claims, and demands, whosoever which claimant now has or may hereafter have on account of or arising out of accidents, injuries, illnesses, casualties and/or event which might happen to the above student while participating in any and all trips, events, and activities sponsored by First Baptist Church Bandera, TX.

_____ I understand that, in the event that the above-named student requires medical or dental treatment while engaged in any trip, event, or activity sponsored by FBC Bandera reasonable efforts will be made to contact me; however, if I cannot be reached, I hereby consent and give permission for the staff or any adult sponsors of First Baptist Church Bandera, TX to act as an agent for me to consent to any x-ray, examinations, injections, anesthesia, medical, dental, or surgical diagnosis and treatment, and hospital care and treatment advised and supervised by a physician, surgeon, or dentist licensed to practice under the laws of the state where the services are rendered, either as an outpatient or in any hospital.

_____ I hereby agree that the expiration date of this contract is one year from the signing date of the parent or legal guardian

Parent/Guardian Name (Print)

Signature

Date



**FIRST BAPTIST CHURCH
BANDERA**