

Family Name: \_\_\_\_\_

**Children's Ministries  
Medical Release & Permission Slip For Minor**

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Phone \_\_\_\_\_

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

My student has:  A Specific Medical Condition;  Special Needs;  Severe Allergies;  Epi-Pen;  
Please explain all specifics/information needed to care for each of your child(ren) in relation to above check mark(s):

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

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

My student has:  A Specific Medical Condition;  Special Needs;  Severe Allergies;  Epi-Pen;  
Please explain all specifics/information needed to care for each of your child(ren) in relation to above check mark(s):

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

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

My student has:  A Specific Medical Condition;  Special Needs;  Severe Allergies;  Epi-Pen;  
Please explain all specifics/information needed to care for each of your child(ren) in relation to above check mark(s):

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

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

My student has:  A Specific Medical Condition;  Special Needs;  Severe Allergies;  Epi-Pen;  
Please explain all specifics/information needed to care for each of your child(ren) in relation to above check mark(s):

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

Medical Insurance Name \_\_\_\_\_

Policy Number \_\_\_\_\_

Hospital of Preference \_\_\_\_\_

In the event that medical or surgical treatment is advisable or required, and I cannot be reached, I grant permission for and designate the representative(s) of Foothills Bible Church to supervise and secure the services of a licensed physician or other licensed health care provider and I grant that physician or health care provider permission to provide any care advisable or necessary (including surgery and/or anesthesia) for my child's well being. I understand that there is a risk of injury or illness for my child related to this or any church activity or care and I, the undersigned parent and/ or guardian of the above-named child, for myself and my, or my child's, heirs, representatives or assigns do release, acquit, discharge, defend, indemnify and hold harmless and fully and forever discharge Foothills Bible Church and its officers, directors, agents, employees, volunteers, representatives or others acting at the direction, permission or consent of the church or representatives, or any attending physicians or health care providers from any and all claims, injuries, illnesses or property damages or liabilities arising out of any activity or treatment of any sickness or injury incurred by my child. This release excepts out the gross negligent or criminal conduct of the specific actor. It is the intention of this release that the above-named representatives and specifically any attending physician or health care provider incur no liability whatsoever while attending to the reasonable necessary treatments, surgery, and any other medical need that they deem appropriate. By signing, you give FBC your permission to use potential photo and/or video taken of your child, to be used in FBC publications, Websites, and other media. These publications are used strictly for FBC event promotions and/or historical purposes.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date