

Parents / Family Name: _____

2011 – 2012 Student Ministries Medical Release & Permission Slip For A Minor

Child's Name _____ Date of Birth _____

Current School Attending _____ Grade for 11 - 12 School Year _____ Gender Male or Female

Contact Information –

If the information we have on file for your student has not changed within the last twelve months, please check this box and sign below.

Complete Address _____

Daytime Phone Number: Father _____ Mother _____

Home Phone Number: Father _____ Mother _____

Cell Phone: Father _____ Mother _____

Student _____

Email: Father _____ Mother _____

Student _____

Preferred form of communication: Father _____ Mother _____

Parent(s) Entitled to Legal Custody and Control _____

Please Describe Custody and Control Issues _____

Child's Family Doctor _____

Doctor's Phone Number _____

Medical Insurance Name Policy Number _____

In the event that medical or surgical treatment is advisable or required, 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. The undersigned also gives permission for the above-named child to ride in any vehicle and driven by any person designated by any representative of the church. In the event any child is sent home, at the sole and absolute discretion of any representative of the church, the undersigned agrees to pay any transportation or other costs or expensed regarding this decision.

My student has: A Specific Medical Condition; Special Needs; Severe Allergies; Epi-Pen;

Please take a moment to explain **all** specifics/information needed to care for your minor while under the care of FBC staff or volunteers: _____

The above mentioned minor has my permission to attend and participate in all FBC Student Ministries sponsored activities except those that I have indicated below.

Exception(s): _____

Video/Photo Release - Please check appropriate box:

Yes No

Foothills Bible Church (FBC) may, at its discretion, take photographs or videotape of participants at events. The resulting images may be used for two purposes: to promote the event or a similar event in the future and/or to archive the event for historical purposes. By checking yes, you give FBC your explicit permission to use potential images taken of your child for these purposes, and you give permission for your child's photo and/or video to be used in FBC publications, FBC Websites, and other FBC media purposes.

Signature of Parent or Guardian _____

Date _____