

FIRST BAPTIST CHURCH OF NICEVILLE

Medical Release Information

January 1, 2019 – December 31, 2019

Please **PRINT** all information

Grade _____

NAME _____ DATE OF BIRTH _____ AGE _____

ADDRESS _____

CITY/STATE _____ ZIP _____ PHONE _____

IN EMERGENCY NOTIFY _____ PHONE _____

DOCTOR _____ CITY _____ PHONE _____

HEALTH HISTORY:

Allergies _____ Insect Stings/Bites _____ Drugs _____ Other _____

Other Conditions: _____ Heart Condition _____ Epilepsy _____ Chronic Asthma
_____ Hay Fever _____ Frequent Colds
_____ Frequent Stomach Upsets _____ Physical Handicap

If you checked any of the above, please give details (i.e., include normal treatment of allergic reactions):

Date of last Tetanus shot: _____

Name and dosage of any medications that must be taken: _____

Any swimming restrictions: _____ Yes _____ No

Any activity restrictions: _____ Yes _____ No

What restriction: _____

Our church's insurance is only secondary insurance. If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while you, your son or daughter is on a church-related activity.

Do you have health insurance? _____ Yes _____ No Name: _____

Emergency Contact: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Alternate Emergency Contact (other than parent): _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

FBCN is authorized to administer/apply the following medications/first aid (please check):

- | | | |
|---------------------------------------|-------------------------------------|-------------------------|
| _____ Acetaminophen (Tylenol) | _____ Antacid Tablet (Rolaids/Tums) | |
| _____ Cough Syrup | _____ Stomach Relief (Pepto Bismol) | _____ Ibuprofin (Advil) |
| _____ First Aid Ointment/Gel | _____ Hydrogen Peroxide | _____ Benedryl |
| _____ Antibiotic Ointment (Neosporin) | _____ Eye Drops (Visine) | _____ Caladryl |

PLEASE COMPLETE OTHER SIDE.....

FIRST BAPTIST CHURCH OF NICEVILLE
LIABILITY RELEASE FORM (POWER OF ATTORNEY)
January 1, 2019 – December 31, 2019

In consideration for being accepted by First Baptist Church of Niceville for participation in all trips, fellowships, activities, recreational events and regularly planned events from January 1, 2019 to December 31, 2019 we (I) being 21 years of age or older, do for ourselves (myself) and for and on behalf of my child participant (if said child is not 21 years of age or older) do hereby release, forever discharge and agree to hold harmless First Baptist Church of Niceville and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child participant that occur while said child is participating in the trip or activity. In addition, said church has permission to utilize any photographs or videos taken of participants for publicity or training purposes.

Furthermore, we (I) and on behalf of our (my) child-participant hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved herein.

Further authorization and permission is hereby given to said church to furnish any necessary transportation, food and lodging for this participant.

The undersigned further agrees to hold harmless and indemnify said church, its directors, employees and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto. If the participant has not attained the age of 21 years:

We (I) the parent(s) or legal guardian(s) of this participant, and hereby grant our (my) permission for him (her) to participate fully in said activities and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment including but not in limitation to emergency surgery or medical treatment, and assure the responsibility of all medical bills, if any.

Further should it be necessary for the participant to return home due to medical reasons, disciplinary action, or otherwise, we (I) hereby assume all transportation costs.

Type or print name of participant

Parent's Telephone Contacts or Emergency Contact Telephone Contacts

Member of FBCN: ____ Yes ____ No If no, do you attend a church and where _____

Medical Insurance

Policy Number

Participant Signature (if 21 years of age or older) IN NOTARY PRESENCE ONLY

Father Signature – IN NOTARY PRESENCE ONLY

Mother Signature – IN NOTARY PRESENCE ONLY

Legal Guardian Signature - IN NOTARY PRESENCE ONLY

State of Florida, County of Okaloosa

The foregoing instrument was acknowledged before me: _____
Signature of Notary

This _____ day of _____, 20____.

Personally known _____ OR produced identification _____

Type of identification produced _____