

FRUIT COVE BAPTIST CHURCH
2016-17 Student Ministry - MEDICAL RELEASE FORM

I, as parent/guardian of _____, grade _____, release Fruit Cove Baptist Church, its agents, and employees from any claims or causes of action arising from or connected with transportation to and from, and attendance on all student ministry related events in 2016-2017.

I further agree that Fruit Cove Baptist Church, its agents, or employees are authorized to provide such medical care treatment as may be necessary, in their judgment, during such transportation and activities.

Also, I understand that as a participant, my child may be photographed or videotaped during normal camp or event activities and these photos/videos may be used in promotional materials (i.e. website, social media, etc.).

Student's Name _____

Student Cell Phone _____ Student's Age _____

Address _____ City/State/Zip _____

Parent/Guardian Name _____ Phone (H) _____ (C) _____

Parent/Guardian Name _____ Phone (H) _____ (C) _____

Emergency Contact _____ Phone _____

Parent/Guardian Signature _____ Date _____

STATE OF FLORIDA
COUNTY OF DUVAL/ST. JOHNS

The foregoing instrument was acknowledged before me this _____ day of _____
by _____.

Stamp of Notary

Signature of Notary

Personally Known _____
Produced Identification _____ Type of Identification Produced _____

Medical Information

Doctor _____ Phone _____

Insurance: Yes No Insurance Company _____

Policy Number _____ Group Number _____

1. Does youth have any known allergies? Yes No
If yes, what? _____

2. Any allergies to medicine? Yes No
If yes, what? _____

3. Does youth have any physical disabilities? Yes No
If yes, what? _____

****If student suffers from any emotional difficulties or is currently receiving counseling, please inform Student Ministry Pastors before sending student to camps or on any trips.***

4. Does youth take any medications regularly? Yes No
If yes, what? _____

5. In case of emergency, please check one of the following:
 Permission to seek care in case of emergency