

Medical Treatment Authorization Form

This form grants temporary authority to a designated adult to provide and arrange for medical care for a minor in the event of an emergency, where the minor is not accompanied by either parents or legal guardians, and it may not be feasible or practical to contact them. This form should be in the possession of the event leader or designated adult.

Minor

Full Legal Name: _____

Home Address: _____

Date of Birth: _____ Gender: Female _____ Male _____

Mother's name: _____ Home or Cell #: _____

Father's name: _____ Home or Cell #: _____

Emergency, contact: (if parent is not available) _____ Phone: _____

Parent email address(es): _____

Information for Medical Treatment

Physician's Name and Location of Practice: _____

_____ Physician's Phone # (if known): (____) _____

Medical Insurer/Health Plan: _____ Policy #: _____

Allergies to Medications: _____

Medications taken*: _____

Please note all conditions for which the child is currently receiving treatment:

Note any other significant medical information or allergies: _____

***Prescription medications MUST be in Pharmacy labeled containers.**

AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S) AND RELEASE OF LIABILITY

I do hereby state that I have legal custody of the aforementioned Minor. I grant my authorization and consent for First Baptist Church Student Ministry Authorized Adults (hereafter "Designated Adult") to administer general first aid treatment for any minor injuries or illnesses experienced by the Minor. If the injury or illness is life threatening or in need of emergency treatment, I authorize the Designated Adult to summon any and all professional emergency personnel to attend, transport, and treat the minor and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I agree to assume financial responsibility for all expenses of such care.

It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the Designated Adult in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel.

I also understand and agree that my child's participation in athletic and other activities involves the risk of injury and even death from various causes, including but not limited to accidents, fall, strenuous physical activity, dehydration, illness, collision, weather, equipment defects, and negligence. On behalf of my child, I assume these risks. I hereby release, discharge, and hold harmless and indemnify, and covenant not to sue, First Baptist Church and/or its representative including staff, employees, trustees and volunteers.

This authorization is effective through: Duration of time in FBCP Student Ministry. Date signed: _____

Parent/Legal Guardian Signature: _____ Printed Name: _____

Parent/Legal Guardian Signature: _____ Printed Name: _____

*This authorization and release must be completed before participant can participate in any activities.
Treatment for injuries will be based on information provided herein.*

Transportation, Promotional, and Social Media Release Form

Transportation Release

Should it be necessary for my child or youth to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

I, the undersigned parent and legal guardian of this student, does also hereby give permission for my child/youth to ride in any vehicle driven by an approved and licensed ADULT chaperone while attending and participating in activities sponsored by First Baptist Church of Pensacola. (FBCP) My child/youth and I understand that seat belts must be worn at all times during transportation.

I do hereby release First Baptist Church of any liability or responsibility in the event my child/youth attends an event on their own, not using transportation provided by FBCP.

⇒ Parent/Guardian Signature: _____ Date: _____

Promotional Release

I consent to the use of any videotapes, photographs, slides, audiotapes, or any other visual or audio reproduction in which my son/daughter may appear by the First Baptist Church of Pensacola (FBCP) in which may be used as promotional materials on brochures and church websites.

I waive my right to inspect or approve any editorial text or copy that is used in connection with the images and release and discharge FBCP from any and all claims arising out of use of the images for the purposes described above.

⇒ Parent/Guardian Signature: _____ Date: _____

Social Media Release

I give permission for FBCP youth ministry leaders to communicate with my son/daughter using texting, Facebook, email, and other social media. I understand that I may request access to the social media sites, texting and other electronic communication at any time.

⇒ Parent/Guardian Signature: _____ Date: _____

I have read and understand these statements.

Student Participant name: _____

Student Signature: _____ Date: _____