

2019-2020 Medical and Surgical Waiver

First Baptist Church of Festus & Crystal City 107 N. Truman Blvd. Crystal City, MO 63019

INSTRUCTIONS:

The 2019-20 Medical and Surgical Waiver will apply to all student events, trips and projects from September 1, 2019 through August 31, 2020. In the event that a participant needs medical attention, this waiver will provide an adequate and current record of the student's medical information, and parental permission for First Baptist Festus/Crystal City as well as the hospital. Please be thorough with each answer. It is the responsibility of the parent or guardian to keep this information current. After completing the form, have it notarized in the space provided, as this is a requirement at many hospitals.

PERSONAL INFORMATION:

Participant's Name: _____ Birth date: _____

Parents'/Legal Guardian's Name(s) _____

Address: _____ City: _____ Zip: _____

Phone: Home- _____ Business- _____ Cell- _____

MEDICAL INFORMATION:

Family Physician: _____ Phone Number: _____

List below (or write "none") any physical defects or conditions that the participant has such as: allergies, asthma, nervousness, headaches, dysmenorrhea, etc.

Should the participant at any time require medical attention, list any special information (or write "none") which the physician might require such as: allergic to penicillin, rare blood type, etc.

Are the student's immunizations current? Yes No

Date of last Tetanus: _____

MEDICAL INSURANCE:

Company Name: _____

Policy Number: _____

Phone Number: _____

Check here if participant has NO medical insurance.

WAIVER:

~~X~~ TO BE FILLED OUT BY PARENTS OR LEGAL GUARDIANS OF PARTICIPANTS UNDER 18 YEARS OF AGE

I, the parent and/or legal guardian of _____, a minor, hereby acknowledge that said minor is presently under my care, custody and control. I hereby give said minor permission to participate in any and all activities at First Baptist Church of Festus/Crystal City, Missouri for which he/she, with my approval, registers to participate. I further expressly grant permission for said minor to participate in all activities while an active participant on trips and church events. If in the event there arises an emergency necessitating medical or surgical attention, I hereby consent and give my permission to the First Baptist Church of Festus/Crystal City staff, its representatives, the sponsors, or any attending physicians to make such decisions and to perform such medical treatments and/or surgery upon said minor which may, in their sole discretion, be necessary and proper under the circumstances. I, the undersigned parent and/or legal guardian of said minor, do hereby release, acquit, discharge and covenant to indemnify and hold harmless First Baptist Church of Festus/Crystal City its staff and/or representatives, the sponsors, and/or any attending physician from any and all claims, damages, actions, and causes of action of any nature, including but not limited to negligence, damages, and liabilities, arising out of the treatment of any sickness and/or accident and any related risks and dangers thereto, from financial responsibility for all medical treatment provided during the attendance of any student ministry events. I also assume responsibility for providing and paying for return transportation of said minor from the event location should it be necessary for disciplinary reasons.

Parents'/Legal Guardian's Signatures:

_____ Date: _____
_____ Date: _____

~~X~~ TO BE FILLED OUT BY PARTICIPANTS WHO ARE CURRENTLY 18 YEARS OF AGE OR OLDER, AND ALL SPONSORS

I am 18 years of age or older and have read the above Medical and Surgical Waiver for minors and agree to the same terms. I hereby release, acquit, discharge and covenant to indemnify and hold harmless First Baptist Church of Festus/Crystal City and/or its staff, representatives and/or sponsors, or any attending physician, from any and all actions and causes of actions, related risks and dangers, including negligence, damages, liabilities arising out of the treatment of any sickness or accident, and financial responsibility for all medical treatment provided during the attendance of any student ministry events. I also assume responsibility for providing and paying for return transportation from the event location should it be necessary for disciplinary reasons.

Adult Participant's Signature:

_____ Date: _____

NOTARIZATION:

Sworn and subscribed before me, a NOTARY PUBLIC, on this, the _____ day of, _____, 20__

_____, Notary Public

My commission expires: _____