

ACCIDENT RELEASE FORM AND MEDICAL CARE
January 1, 2012 – December 2012

Student Name: Last _____ **First** _____

Grade: _____ **T-Shirt Size** _____ **Male** _____ **Female** _____

Date: _____

In consideration for you agreeing to accept _____ as a participant in the activities of First Baptist Church of Hewitt, Texas and its sponsored/non-sponsored groups, I hereby give my authority and consent to medical and surgical treatment as may be needed in the judgment of the treating physician for my child by a physician chosen by a representative of the church or an employee working under the authority of this body. I also authorize the church or any person designated by the church to transport my child to and from any activity or to seek medical attention in case of emergency. Further, we/I do hereby release and do not hold responsible the incorporation of First Baptist Church of Hewitt for any claims or suits arising from any accident or injury or sickness which arises while using the facilities of the church or attending any sponsored/non-sponsored activities. We/I further agree to pay any damages done to property, buildings, or equipment which should arise due to my child's use of such property, buildings, or equipment.

Parent's/Guardian's Signature: _____

Child's Social Security Number: _____ Date of Birth: ____/____/____

Parent's Name (please print): _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____

Business Phone: Father's _____ Cell: _____ Other: _____

Email: _____

Business Phone: Mother's _____ Cell: _____ Other: _____

Email _____

Another Person to Notify In Case of Emergency:

Name: _____ Phone: _____

INSURANCE INFORMATION

Name of Insurance Company: _____

Phone # of Ins. Co: _____ Group Number: _____ Policy Number: _____

Member Name of Policy Holder: _____

PLEASE ATTACH A COPY OF INSURANCE CARD

HEALTH INFORMATION

Is your child currently on medication? ____ Yes ____ No

If yes, what: _____

Dosage: _____

List of allergies (drugs, food, etc.): _____

Physical Disorders: (diabetes, epilepsy, asthma, fainting, heart condition, other) _____

Date of last Tetanus shot: _____ Shot Record (Current): _____

Can child take part in regular activities including swimming? ____ Yes ____ No

My permission is granted for my child to be given blood at the discretion of a physician: ____ Yes ____ No

(continued on back)

We need your help!

In which areas would you prefer to serve:

_____MPact Host Home

_____Wednesday Night Sponsor

_____SNAC (Sunday Night After Church)

_____7th Grade Basic Training

_____SYATP (See You At The Pole)

_____Pork Loin cooking

_____Christmas Party

_____Service Projects

_____Pictures, Video, Editing

_____Sound System Setup

_____Other

Parents Signature_____ Date_____

As part of our Safety Policy, we are asking parents to pick up your youth from church when FUEL is over at 7:45 each Wednesday night.