

# Medical Release January 2008 thru January 2009

## Parent/Guardian Consent

(Including emergency medical treatment for all students under the age of 18)

### STUDENT MINISTRIES

FIRST BAPTIST CHURCH, RAYTOWN, MO

10500 E. 350 Highway, Raytown, MO 64138

Telephone Number (816) 353-1994

FAX Number (816) 778-1134

Students Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Students Social Security Number \_\_\_\_\_

Address (include city, state, zip code) \_\_\_\_\_

\_\_\_\_\_  
(Home Phone w/Area Code)

\_\_\_\_\_  
(Cell Phone &/or Pager w/Area Code)

This is to certify that my relationship to the above-named student is: (check as applicable)

\_\_\_\_\_ One of two custodial parents, and I certify that I have the consent and authorization of the other parent to sign this consent/release form.

\_\_\_\_\_ I am the sole custodial parent

\_\_\_\_\_ I am the legal guardian

Disabilities/Allergies (enter "None" if so) \_\_\_\_\_

Current Medications (enter "None" if so) \_\_\_\_\_

Date of Last Tetanus: \_\_\_\_\_

Family doctor's name and telephone (w/area code) \_\_\_\_\_

Medical Insurance (include group & Policy numbers, name of insured) \_\_\_\_\_

Phone number (w/area code) and first & last name of responsible adult for emergencies \_\_\_\_\_

Name of preferred hospital \_\_\_\_\_

**Continued on Backside**

I (and, if applicable, the student's other custodial parent) further consent and authorize that if in the sole discretion of the adults in charge of said activity, the above-named student is in need of emergency medical treatment during the period above noted, any such adult may give consent (in my behalf as parent/guardian and, if applicable, the student's other custodial parent) to such treatment, and may sign appropriate consent forms in my behalf (and, if applicable, in behalf of the student's other custodial parent) the same effect as if I (and, if applicable, the student's other custodial parent) had personally signed such consent form.

I (and, if applicable, the student's other custodial parent) hereby release, and agree to indemnify and hold harmless (1) The First Baptist Church of Raytown (hereinafter, the "Sponsor") as Sponsor and organizer of said event, and (2) all medical personnel providing such medical treatment to said student during said period, for any claims alleged to have arisen out of such participation or such treatment (in the absence of gross negligence or willful misconduct), and I (and the student's other custodial parent, if applicable) hereby further release the Sponsor and all persons associated with it for any claims that I, said minor, or anyone else (including, if applicable, the student's other custodial parent) might have arisen out of the participation in such event by said student, or the consenting to, or the providing of, any such emergency medical treatment to such minor (in the absence of gross negligence or willful misconduct).

By accepting this form, the Sponsor agrees that, in the event of an emergency, reasonable efforts will be made to contact the responsible adult listed on the reverse of this form as quickly as is feasible under the circumstances.

In confirmation of the above, I sign this Consent and Release this \_\_\_\_\_ day of \_\_\_\_\_, 2008.

\_\_\_\_\_  
(Name printed)

\_\_\_\_\_  
(Signature)  
**MUST BE SIGNED BEFORE A NOTARY PUBLIC**

\_\_\_\_\_  
(Social Security Number of Parent)

\_\_\_\_\_  
(Daytime Phone w/Area Code)

State of Missouri )  
S.S.  
County of Jackson )

On this \_\_\_\_\_ day of \_\_\_\_\_, 2008.

\_\_\_\_\_ personally appeared before me  
 Whom I know personally,  whose identity was proved to me on the basis of satisfactory evident, and who  
acknowledged the execution of the foregoing form and stated that the information therein set out is true and  
correct to the best of his/her knowledge and belief.

My commission expires:

\_\_\_\_\_  
Notary Public Signature

I give permission to FBC Raytown to use my student's picture in future printed publications to promote student/church events. Signature of Parent \_\_\_\_\_