

Kearney First Baptist Church, Kearney MO 2017 Medical Form

Participant Name
Home Phone
Cell Phone
Address
City State Zip
Date of Birth
School Grade
T-shirt size

Parent / Guardian
Home Phone
Cell Phone
Address
City, State, Zip
Work Phone
Doctor's Name
Doctor's Phone
Emergency Contact – if parent/guardian cannot be reached
Emergency contact
Home Phone
Address
City, State, Zip
Work Phone
Cell Phone
Insurance Info
Insurance Company
Group Number
Group Name

NOTARY IS OPTIONAL

Signature of parent/guardian Date

Signature of Notary Public (optional) Date

Kearney First Baptist Church
Kearney, MO
kearneyfbc.com
303 S. Grove St, Kearney, MO 64060

Health History
Please list any Special Medical Conditions or Food Allergies

Last Tetanus Shot _____

Medications to be taken (list with directions)

Medication Allergies? List if any

May be given as necessary:

Aspirin	Yes _____	No _____
Tylenol	Yes _____	No _____
Ibuprofen	Yes _____	No _____

Any Specific Activities

Encouraged _____

Discouraged _____

I hereby give consent in advance to the designated Youth Leaders and to the physicians or hospitals selected by them to render first aid treatment or deny treatment as in their judgment is reasonably necessary, including, but not limited to, hospitalization, diagnosis including taking specimens, and x-rays, giving blood transfusions, and medications, anesthesia, and surgery for my dependent listed above. I understand that the Leaders will attempt to contact me before securing medical treatment, but that this consent is given in case I am not available in an emergency.

I release all leaders and staff affiliated with Missouri Baptist Convention or one of the participating churches from any and all claims, loss, cost, damage, or expense arising out of or from any accident or other occurrences causing injury to any person or property.

Optional Notary Seal

TRANSPORTATION RELEASE

Applies to students only

I give permission for my youth to be transported to and from church sponsored activities in a church, rental, or private vehicle.

Parent Initials _____

DISCIPLINE RELEASE

Applies to students only

At all events organized by the church, including transportation to and from such events, we expect each student to conform to these rules of conduct:

No pranks, No possession or use of alcohol, tobacco, or drugs, No fighting, weapons, fireworks, lighters, or explosives, No offensive or immodest clothing, No public display of affection (PDA), Respect property, Respect one other, staff, and adult leaders, Respect and comply with all event schedules and rules.

I have read and agree to follow the rules and guidelines set by Kearney First Baptist Church, and expect my child to abide by these guidelines. In the event of misconduct, I realize and agree to that the student may be sent home by the staff at the expense of the parent.

Parent Initials _____ Student Signature _____

INSURANCE RELEASE

Applies to all traveling

I realize the church insurance begins where the individual health and accident policy terminates. It is only valid when all other insurance has been extended to its limits.

PERSONAL BELONGINGS RELEASE

Applies to all traveling

I realize that the church or its sponsors are not responsible for personal belongings.

Parent Initials _____

GENERAL RELEASE

Applies to all traveling

The undersigned or a member of the immediate family of the undersigned give our consent for the participant to attend events being organized by Kearney First Baptist Church. The undersigned or a member of the immediate family of the undersigned realizes that the participant may incur personal injury or bodily damage while participating in such activities, and acknowledge that the church, it's officers, directors, employees, agents, or any other parties volunteering on behalf of the church, shall be held harmless from all actions, claims, costs, expenses or damages of any kind, growing out of or related to any activities of the church. The undersigned or a member of the immediate family of the undersigned further acknowledge this is a full and complete release for all injuries and damages which the participant may sustain as a result of participating in this activity.

I, _____, being the legal guardian of _____ give my permission for him/her to participate in church sponsored activities.

Date _____ Parent / Guardian Signature _____