



2024-25 FBC Friendswood Student Medical Release Form

PLEASE ATTACH A COPY OF THE FRONT & BACK OF YOUR INSURANCE CARD TO THIS FORM.

Student Name (Last) (First) ("goes by") Grade (24-25)

Home Address Date of Birth Gender

City Zip Home Phone

Student Cell # Student E-Mail

Mom's Cell # Mom's Name

Dad's Cell # Dad's Name

Emergency Contact if parents are unavailable (Name) (Cell #)

Permission to give your student the following checked medications:

Tylenol Advil Motrin Benadryl OTC Allergy Medicine

Tetanus Shot up to Date yes no Medications taken regularly

Doctor's Name Phone

Insurance Company

Policy Number Name of Policy Holder

List allergies and/or medical conditions

Swimming: My student is a: Non-swimmer Fair Swimmer Good Swimmer

The student named above (now referred to as "student") willingly and knowledgeably plans to take part in various sponsored activities, trips, outings and camps of First Baptist Church, Friendswood, TX. The student is physically able and has my permission to participate. We accept the risks involved in all aspects of participation including transportation associated with such events. I authorize the Youth Staff of First Baptist Friendswood or their representatives to dispense the medications checked above. I understand that in the event the student requires medical or dental treatment while engaged in the various sponsored activities, trips, outings and camps, reasonable effort will be made to contact the person(s) I listed above; however, I give my permission for the designated/approved church representative or sponsor to secure any needed medical treatment for the student. I release First Baptist Friendswood, it's representatives and sponsors from liability for accident or injuries during activities, trips, outings and camps connected to First Baptist Friendswood. I further understand and agree that, in the event that the student is involved in any inappropriate or dangerous activities, I will pay all expenses and leave the activity/camp immediately at the discretion of the approved sponsors and/or church representative. I have supplied, understood and agree to all the assigns, licensees and legal representatives the irrevocable right to use the student's name (or any fictional name), picture, portrait or photograph in all forms and media and in all manners, including composite or distorted representations, for advertising, trade or any other lawful purposes and I waive any right to inspect or approve the finished version(s), including written copy that may be created in connection there with. I have read this release and am fully familiar with its contents and I understand that this agreement is a release of all claims including the negligence of the church and all representatives.

This Release Form is valid from September 1, 2024-August 31, 2025 (It is understood that all information is current until notification in writing)

Printed Name of Parent/Guardian

Signature of Parent/Guardian

