

First Baptist Church Trussville  
Medical Consent Form  
128 North Chalkville Road

January 2019-December 2019

For persons participating in church related and authorized activities of FBC, Trussville, AL. Completion by parent/guardian is necessary for persons under nineteen (19) years of age. This form must be notarized.

Name of Participant: \_\_\_\_\_

Parents Names (if participant is a minor): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

In case of emergency, please notify: (2 contacts, if possible)

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Does the participant have any known health problems, such as diabetes, seizures, asthma, etc. or any conditions that would restrict activity? Please list:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ Date of last Tetanus shot:

\_\_\_\_\_

Does the participant take any regular medications, prescription or over the counter? Please list:

\_\_\_\_\_

Known Allergies? \_\_\_\_\_

**Insurance Carrier**

Name of Insurance Company: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Group/Member#: \_\_\_\_\_

Phone Number of Insurance Company: \_\_\_\_\_

Special Insurance Instructions: \_\_\_\_\_

**Medical Release**

I understand that it is my personal responsibility to provide for the expense of any medical or hospitalization that might be required by this participant. The First Baptist Church of Trussville (FBC) is excluded from financial obligations. I understand that my personal medical and hospitalization insurance available to my family will provide coverage. I further understand that, in the event my child (or participant) requires medical or dental treatment while engaged in the activity of the FBC, reasonable efforts will be made to contact me; however, if I cannot be reached, I hereby consent and give permission to the FBC's sponsor or any adult chaperone in attendance of said activity, acting with respect to the activity, as agent for me, to consent to any x-ray examination; injections; anesthesia; medical, dental or surgical diagnosis and treatment; and hospital care and treatment advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either as an outpatient or in any hospital.

My child (or participant), \_\_\_\_\_, has my permission to participate in all prescribed activities except as noted by me. My child also has my permission to be transported to and from said activity, whether it be church bus, church van, chartered bus, or personal vehicle of assigned chaperone. I release FBC Trussville and any authorized chaperones, of any liability concerning accident, injury, or illness to my child/participant during their participation in any church sponsored events.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature (parent) \_\_\_\_\_

*Please notify the church office if any of the information contained in this form should change.*

**Consent for Photography and Videos**

I agree to allow photos and videos of my child to be taken while at any student event to be used in any First Baptist Church Trussville publication. I also understand that publication of these photographs may be accomplished electronically via the Internet and that after publication the church will be unable to prevent persons from gaining access to the Internet, copying my child's photographs and videos there from, and subsequently using, altering, or republishing them without my consent. I waive any claim for damages against First Baptist Church Trussville from unconsented use, alteration, or republication of my child's photographs and videos by third parties accessing the Internet.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature (parent) \_\_\_\_\_

-----**Do Not Write Below This Line**-----

State of Alabama County of Jefferson I, \_\_\_\_\_, Notary Public, hereby certify that \_\_\_\_\_, (parent/guardian printed name) whose signature appears on the foregoing conveyance, and who is known to me, acknowledged before on this day that, being informed the contents of conveyance, he/she executed the same voluntarily on the same bears date.

Given under my hand and notarial seal this \_\_\_\_ day of \_\_\_\_ in the year of \_\_\_\_\_  
\_\_\_\_\_

