First Baptist Church Floresville
Medical Release and Permission Form _____

Child's Name

_____

_____M _____F

Birth date _____/_____/_____ Age _____ Grade _____ School

Address _____ City _____State ____ Zip_____

Phone _____ Cell_____ E-Mail _____

Father's Name _____ Wk. #_____ Cell #_____

Mother's Name _____ Wk. #_____ Cell # _____

In case of emergency notify_____ Phone #_____

Family Physician_____ Phone # _____

Family Insurance Co._____ Policy No._____

Medical History
(Check ALL appropriate information)
_____Asthma _____Sinusitis _____Bronchitis _____Kidney Trouble _____Heart Trouble _____Diabetes
_____Dizziness
_____Epilepsy/Seizure Disorder _____Upset Stomach _____Hay Fever _____ADD _____ADHD

Other:
Allergies:

Foods:_____

Penicillin or Other Drug:_____

List any medications your child takes regularly: _____

Please rate your child's swimming: _____good swimmer _____fair swimmer _____non-swimmer

Should your child's activities be restricted for any reason? Please explain:

Authorization
This consent form gives permission to seek whatever medical attention is deemed necessary, and releases First Baptist Church Floresville. and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named below, a minor, and have given our consent for him/her to attend events being organized by First Baptist Church Floresville. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its ministers, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement While I understand that the Church will take all reasonable steps to provide individual care and safety for my child, I am aware that the Church or their employees or agents cannot assume any responsibility for an injury, damage or harm which might result during the course of any activity during functions so sponsored. In consideration of permitting my child to participate, I agree that full responsibility will remain with me, as

parent or guardian of my child. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named below. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the Church staff member.

Note: If you desire to limit your child's participation in any event,
please submit your wishes in writing to the Church prior to that event.
This document also gives my/our permission for my child to ride in private vehicles of adults supervising youth.
_____(Child's Name) has my/our permission to travel and attend all activities sponsored by First Baptist Church Floresville from January 1, 2014 until January 1, 2015.

Parent/Guardian Signature(s):_____

Date:_____

Code of Conduct
We expect all participants to conform to these general rules of conduct

• No fighting, weapons, fireworks, lighters, or explosives
• No possession or use of alcohol, drugs, or tobacco
• No offensive or immodest clothing or language
• No males in females' sleeping quarters and no females in males' sleeping quarters
• No students can drive unless otherwise noted by First Baptist Church Floresville staff member
• Participation in all group activities
• Respect of property
• Respect of other participants, staff, and adult leaders
• Follow the security procedures established for activities within the church building and at other locations
• Adherence to curfews and travel locations
• Other rules established by staff and adult leaders
• The "laws of the land" will be respected and abided by at all times.

If a disciplinary situation occurs, parents will be contacted and will have to take their child home at the parents' expense.

I have read (or had read to me) the rules of conduct, the above medical information, and permission to participate in activities. I agree to abide by the stated personal limitations and the code of conduct.

Child's Signature:_____ Date:_____

Parent/Guardian Signature(s):_____