



First Baptist Church Murrells Inlet, Inc.

2019 Annual Medical Permission & Release Form

STUDENT INFORMATION

Student's Name _____ Birthdate ____/____/____ Age ____ Grade _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Cell Phone _____
E-Mail Address _____@_____.
Are you a member of FBCMI? _____ If no, where? _____

PARENT INFORMATION

Parent/Guardian's Name(s) _____
Home Phone(s) _____
Cell Phone(s) _____
Work Phones(s) _____
Email Address _____

MEDICAL INFORMATION

Family Physician _____ Office Phone _____
Family Insurance Company¹ _____ Policy Number _____
Immunizations: _____ Polio Booster _____ Measles _____ Mumps _____ Tetanus
Past History: _____ Asthma _____ Sinusitis _____ Bronchitis _____ Kidney Trouble _____ Diabetes _____ Heart Trouble
Allergies: _____
Current Medication²³: _____
Other Information: _____

PERMISSION TO PARTICIPATE

In giving my child, _____, permission to attend and participate in programs and events and any of their associated activities sponsored by First Baptist Church Murrells Inlet, Inc. during the calendar year of 2019, I the undersigned, shall assume any and all costs including transportation costs, should any arise or should it become necessary for my child to return home due to medical reasons or otherwise.

MEDICAL PERMISSION

In case of emergency, illness or injury to my child, my permission is granted for the adult in charge to secure necessary medical attention as quickly as possible at the nearest medical facility and by a certified doctor or medical attendant who would be immediately available. I also agree to accept full responsibility for the payment of all medical bills incurred by my child as a result of any accident or emergency.

RELEASE

Realizing that all normal care and caution will be taken by the Sponsor, I do hereby release and forever discharge the Sponsor and First Baptist Church Murrells Inlet, Inc. and its officers, directors, trustees, deacons, employees, agents, and volunteers from any and all claims, demands, actions or cause of actions, past, present, or future arising out of any damage or injury to my child, on damage on loss of property of the child (such as cell phones, ipads, ipods, tablets, laptops, etc.).

SIGNATURES

By signing this 2019 Annual Medical Permission & Release Form, dated the ____ day of _____, _____ in the State of SOUTH CAROLINA and County of _____, I indicate that I have read, understand and agree to the statements above.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

NOTARIZATION

On this ____ day of _____, _____, before me, the undersigned, personally appeared

_____, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this instrument, and acknowledged that he or she executed the 2019 Annual Medical Permission & Release Form.

Notary Public

(SEAL)

My Commission Expires:

¹ A copy of the front and back of the Health Insurance card must be provided.
² The Director of the Program or Event will not administer prescription medication to a child during the Program or Event without special authorization under circumstances approved by First Baptist Church Murrells Inlet, Inc.
³ Over-the counter medications may be administered during a specific program or event only if the Parent/Guardian signs the "Permission to Give Child Over-the-Counter Medicine" and provides all required information.