

Emergency Medical Permit

(Parental Consent Form/Responsibility Clause)

First Baptist Church of the Islands-Children's Ministry

| | |
|------------------------------|---------------------------------|
| _____ | _____ |
| Student's Name | Emergency Contact Name |
| _____ | _____ |
| Street Address | Emergency Contact Number |
| _____ | _____ |
| City, State, Zip Code | Family Physician |
| _____ | _____ |
| Phone Number | Physician Number |
| _____ | _____ |
| Date of Birth | Insurance Company |
| _____ | _____ |
| Parent(s) Name | Policy Holder Name |
| _____ | _____ |
| Parent(s) Address | Policy Number |
| _____ | _____ |

Parent(s) Cell Number _____ **Date of last Tetanus Injection** _____

Medications/Dosage: _____ **Allergies (food, medications, etc...)** _____

Major Surgeries in the last year? Acute or chronic illness? Physical Limit in activities?

In case of emergency, I hereby give my consent for a qualified physician to perform any medical or surgical procedures deemed necessary to the welfare of the above-named student while participating in First Baptist Church of the Islands (hereafter, FBCI) event. It is understood that FBCI personnel and medical personnel will make every attempt to contact parents, guardians, or the emergency contact listed above prior to taking any such actions. I understand that FBCI cannot assume responsibility for medical expenses incurred in case of illness or accident. I relieve FBCI, its ministers, employees, leaders, and volunteers from all liability, claims or demands for accidental personal injury, sickness, or death, as well as property damage and expense regarding the above-named student.

Parent's Signature _____