

**FAIVIEW STUDENT MINISTRY PARTICIPANT FORM AND
FAIRVIEW BAPTIST CHURCH RELEASE**

PARTICIPANT _____; Age _____

DOB _____; Grade (school year 2020/21) _____

Address _____

Phone _____

Parent/Legal Guardian Name: _____

Father Ph. _____ Mother Ph. _____ Or Guardian Ph. _____

(PLEASE CIRCLE PREFERRED NUMBER TO BE USED AS THE EMERGENCY CONTACT NUMBER)

Father email: _____ Mother email: _____

Or Guardian email: _____

Fairview Baptist Church is also known as, and from time to time referred to as "Fairview Baptist Church" and "FBC". Any reference to either name shall be a reference to all and understood that it is one and the same entity.

Medical Insurance: Yes ___ No ___

Insurance Co. _____

Policy # _____ Group # _____

Subscriber Name _____

Subscriber DOB _____ *(PLEASE ATTACH COPY OF CARD)*

By signing this Release and Participant form, I hereby swear or affirm that I am the parent or legal guardian of the above-named Participant, and as such hereby give my permission for Participant to attend and participate in the activities of the Fairview Student Ministry in the year 2021. By signing this Release, I hereby give permission for my child named above to be transported to and from said activity under the supervision and control of Fairview Baptist Church and its adult leadership, by whatever means is deemed appropriate. I hereby release, forever discharge, and hold harmless Fairview Baptist Church, its employees, agents, successors, assigns, and specifically any adult leadership, from any and all liability claims or demands for personal injury, sickness or death, as well as property damages or loss of property, of any nature whatsoever which may be incurred by my child or me while my child is under the care and supervision of Fairview Baptist Church and a participant in any activities of the Fairview Student Ministry sponsored by Fairview Baptist Church, or being transported to and from the activity. In the event my child should become ill, or suffer from an accident or injury, or in the case of an emergency, I hereby authorize the adult leadership of Fairview Baptist Church to assess the situation and, if necessary to consent to medical treatment. Said medical treatment is authorized by me upon the recommendation of the adult leadership that my child is in need of medical care and/or treatment. Said care and treatment shall include, but not limited to, both medical and dental diagnosis and/or treatment, examination, X-ray, anesthetic, sutures, or any other treatment recommended by a physician or health care provider at an authorized medical facility. It is further agreed that my child may be given over-the-counter medication if deemed necessary by the adult leadership who are trained medical providers. Should my child have need for medical/dental treatment, I understand and agree that all costs and expenses associated with said treatment, notwithstanding payment by my insurance listed above, will be my sole and exclusive responsibility as the parent/legal guardian of my child named above. Should it be necessary for my child to return home due to medical reasons, disciplinary problems, or otherwise, I understand that it shall be my responsibility to make arrangements for said transportation and bear the costs thereof.

MEDICAL FACT SHEET

Participant: _____ Age _____ DOB _____

PLEASE ANSWER EACH QUESTION.

Allergies: (includes food, drugs, environmental, etc.) Yes No

If yes, please explain: _____

Motion or car sickness: Yes No

If yes, please explain: _____

History of convulsions or seizures: Yes No

If yes, please explain: _____

Sleepwalking: Yes No

If yes, please explain: _____

Allergic Reaction to Penicillin or other drugs: Yes No

If yes, **please describe the reaction in detail:** _____

Regularly or Presently being prescribed medication: Yes No

If yes, please explain: _____

(Please update the medical staff of any regular medication prior to EACH trip)

Medical/Surgical History: _____

Please list any additional medical facts that we should know about your child:

I HAVE READ THIS ENTIRE DOCUMENT AND FULLY UNDERSTAND IT.

Parent/Legal Guardian – PLEASE PRINT

Parent/Legal Guardian - SIGNATURE

Sworn to and subscribed before me this _____ day of _____, 2021.

Notary Public

My Commission Expires: _____