



Release of Liability Required For Participation in Trips and Activities

Participant Name _____ Grade _____ DOB _____ Male/Female
Nickname _____ School _____
Primary Address: _____
Secondary Address: _____
Youth Email _____
Youth Home Phone _____ Cell Phone _____

Parent/Guardian Name(s) _____
Email(s) _____
Home Phone _____ Cell Phone _____

Emergency Contact

Name _____ # _____
Name _____ # _____
Name _____ # _____

Medical Information

Non-Parent/Guardian Emergency Contacts

Name: _____ Relation: _____
Phone(s): _____

Primary Care Physician

Name: _____
Phone(s) _____ Fax: _____
Name of practice: _____
Date of last Tetanus shot (required) _____

Insurance Information

Medical Insurance Company: _____
Phone: _____
Policy/Group ID#: _____
Policy Holder's Name: _____

Required: Attach a copy of medical insurance card here

Medication

List all medications the youth will take during any youth ministry trips, retreats, or events. This includes any prescription, non-prescription medications, herbal supplements, and vitamins. Any participant under the age of 18 is required to give **ALL MEDICATIONS to the adult youth leader in their original container with complete dispensing instructions before the start of the event. Youth are not permitted to carry any prescription or non-prescription medication and will be sent home at the parent/guardian's expense if they do.**

| Medication Name | Dose | Treatment for | Dosage Instructions |
|------------------------|-------------|----------------------|---------------------------------|
| <i>Example: Zyrtec</i> | <i>5mg</i> | <i>allergies</i> | <i>Take one pill in morning</i> |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Over-the-Counter Medication Permission: Do you give permission for your child to be given OTC medication as needed and as directed on the label, to treat non-emergency medical conditions that do not require a doctor or hospital visit such as a minor headache, stomachache, or allergic reaction (i.e Tylenol, Advil, antacids, Benadryl) while at a youth ministry event?

No. Contact me or get medical help if my child has any minor medical concerns.

Parent signature _____

Yes. I give permission for a leader to give my child approved OTC medications as directed on an as needed basis.

Parent signature _____

Medical Conditions

1. List any medical conditions you have (asthmas, diabetes, epilepsy, etc):
2. List any allergies (medicine, food, and/or environmental) and the severity and type of reaction:
3. Please explain any other pertinent information about the participant (i.e physical, behavioral, or emotional) that would be important for the leaders to know.

Photo Release

_____ I give permission for my child to be photographed, videotaped, or audio taped while participating in Firehouse Youth Activities.

_____ I do not want my child to be photographed, videotaped, or audio taped.

I hereby authorize any leader of the Church to be the Limited Guardian for _____, my minor child, on any Church related trips. This Limited Guardian is for the specific purpose of procuring medical attention for my minor child in emergency situations.

Signature

Date

I, the parent/legal guardian of _____ do hereby release, forever discharge and agree to hold harmless First Baptist Church of Merritt Island and any of its ministries (and the members, leadership and other directors thereof) (the church and all such individuals referred to collectively hereinafter as the "Church") from any and all liability, claims or demands for personal injury, sickness or death, as well as property damages and expenses, of any nature whatsoever which may be incurred by the undersigned (and/or the child participant named above) that occur while said individuals are participating in activity sponsored or offered by the Church. This specifically includes, but is not limited to, infection with COVID-19 and/or any ancillary impacts of contracting the virus while on—or as a result of—a sponsored trip or activity of the church.

The undersigned recognizes that the church is taking all reasonable steps to minimize the risks of any participant contracting the COVID-19 virus (or any other communicable diseases). However, the undersigned also acknowledges and accepts that, regardless of any steps taken by the church, any gathering in public and/or use of public space carries with it the potential for infection.

I (both for myself and my child participant) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in trips and activities sponsored by the church.

I hereby grant my permission for my child to participate fully in events and activities and give the church my permission to take said participant to a doctor or hospital and authorize medical treatment, including but not limited to emergency surgery and assume the responsibility of all medical bills, if any.

As the parent/legal guardian of the above-named minor, I am authorized to sign this permission form. I will also return at the specified time to pick up my child. If I cannot pick my child up, they may be released to _____.

Parent/Guardian Signature: _____

Phone number: (_____) _____ - _____

Date: _____

State of Florida, County of Brevard

Personally appeared before me, the undersigned authority, a Notary Public in and for said state and county, the within-named party, _____, who acknowledged the within instrument for the purpose therein contained. Form of Identification: Personally Known [] Other ID []; Driver's License []

Witness my hand and official seal this _____ day
Of _____, 20_____.

My commission expires: _____