Permission of Multi/Media Release and Medical Consent
First Baptist Church of Lewisville, TX

Student's Full Name _____
Last First Middle

Gender (Male) (Female) Birthday _____ Age _____ School grade (2018-2019)_____
month-day-year

Parent or Guardian Name _____

Home Address _____City _____State _____Zip _____

Home Phone _____Business Phone _____

Cell Phone _____

_____

Parent or Guardian Name _____

Home Address _____City _____State _____Zip _____

Home Phone _____Business Phone _____

Cell Phone _____

_____

If not available in an emergency, notify _____

Relationship to child _____

Home Address _____City _____ State _____Zip _____

Home Phone _____ Business Phone _____

Cell # _____

Does this student have any of the following allergies?

Penicillin **YES NO** Latex **YES NO** Insect Stings **YES NO** Ivy poisoning, etc. **YES NO** Hay Fever **YES NO**
Latex **YES NO**
Other drugs _____

Food Allergies? If so, what? _____

_____

Any other Allergies?, If so what? _____

I give permission to administer over the counter medications
Advil/Motrin (ibuprofen) ***Yes*** ***No*** *Benadryl* ***Yes*** ***No***
Tylenol (acetaminophen) ***Yes*** ***No***

Over

Student's name _____

Does this child have any medical or health problems/conditions, and or has this child had any chronic or recurring illness or illnesses: ***Yes*** ***No*** If yes, describe the problems or illnesses:

_____

_____

_____

Child's family physician_____Phone number _____

Child's dentist (and orthodontist if applicable) _____ _____Phone number _____

Is this child currently taking medication ***Yes*** ***No*** If so, please state the medication

_____

_____

_____

If so, will this child be bringing the medication to the activity? ***Yes*** ***No***

If yes, please indicate the dosage prescribed, and the reason for the medication.

_____

_____

_____

Describe any dietary restrictions this child is required to follow:

_____

_____

_____

Date of child's last tetanus shot _____

Is there medical or hospitalization insurance which provides benefits for this child? ***Yes*** ***No***

If yes, please complete:

Name of insurance company_____

Address_____

Phone No. _____

Policy Holder's Full Name_____

Policy No. _____ Group No. _____

I understand that, in the event my child requires medical or dental treatment while engaged in the activities either on or off campus at First Baptist Lewisville, reasonable efforts will be made to contact me; however, if I cannot be reached, I hereby consent and give permission to the ministry's sponsor, acting on behalf of the ministry with respect to the activity, as agent for me, to consent to any medical treatment deemed medically necessary, including but "not" limited to: x-ray examination; injection; anesthesia; medical, dental or surgical diagnosis and treatment; and hospital care and treatment advised and given by a licensed physician, surgeon, dentist, or registered nurse, either as an outpatient or in a hospital. I further agree to indemnify and hold harmless any medical professional or church leader from loss, claim, or liability who provides authorization, medical, or first aid treatment to my child as deemed appropriate. I also give permission to the treatment facility to surrender physical custody of my child to the sponsoring agent's representative after treatment has been provided. To the best of my knowledge, I have disclosed and listed above all medical allergies, medication being taken, medical problems/conditions and pertinent information for the child indicated on this medical consent form.

Signature_____

(Parent or Guardian)

Print Full Name _____Date_____

Multi/Media Release

I give my permission for First Baptist Church of Lewisville to photograph or video my child and to use this photograph, voice or video recording in publication, motion pictures, newsletters, and church-owned web sites. I understand the resulting photographs, stills, video, motion pictures, and audio tapes may be published for the purpose of instruction or information for leaders, students, parents or the general public of church ministries or events. I give permission **YES** **NO** (PLEASE CIRCLE ONE)

Print Full Name _____Date_____

Signature_____

(Parent or Guardian)