

Foothills Baptist Church Parent/Guardian Consent – Medical Release Form

Name of Participant _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Name of Parent/Guardian _____ Phone _____

Medical and Insurance Information

Family Insurance Company _____ Policy # _____

Family Physician _____ Phone _____

Check applicable box and give appropriate information below:

- | | |
|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Heart Trouble |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Kidney Trouble |
| <input type="checkbox"/> Insects _____ | <input type="checkbox"/> Sinusitis |
| <input type="checkbox"/> Medicines _____ | <input type="checkbox"/> Stomach Upset |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Immunizations |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Tetanus: Date received _____ |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Typhoid: Date received _____ |

List any prescription drugs the student will be taking while on trip; state frequency and dosage for each.

Emergency Contact other than parent/guardian _____ Phone _____

Relationship _____

Permission

I, _____ (parent/guardian), hereby give permission for _____

(student) to travel with Foothills Baptist Church to all church-related activities, including, but not limited to

Koinonia, mission trip and camp from January 2021-December 2021

- I do hereby verify that the information below is correct and grant permission for the church to obtain medical attention in case of sickness or injury to my student.
- I hereby grant permission for an attending physician or hospital to perform whatever care deemed necessary by the church for the welfare of my student until you are able to reach me personally.
- I also hereby release, absolve, indemnify, hold harmless, and forever discharge the church, the organizers, sponsors, and supervisors from any and all claims, demands, actions, or cause of actions, past, present, or future arising out of injury or damage while participating on this trip.
- I assume all risks and hazards incidental to the conduct of the activities and transportation to and from the area. In case of the injury to my student, I hereby waive all claims against the organizers, the sponsors, or any supervisors appointed by them. I likewise release from responsibility any person transporting my student to and from the activities.
- I agree to provide medical insurance for my student.

Signature of Parent/Guardian _____ Date _____

Notary

On this _____ day of _____, 20____, _____ (parent/guardian) personally appeared before me in Maricopa County, in the state of Arizona, and in my presence executed the within and foregoing permission and release form. My commission expires _____.

Signature Notary Public _____