

First Bible Church Student Ministries Release Form

Crossings Camp – Cedarmore, KY July 14-18, 2017

Student Name: _____ M / F _____

Address: _____ City _____ Zip _____

Age _____ Date of Birth _____ School Name _____ Grade _____

Parent E-mail address (one checked frequently) _____

Father's Name _____ Mother's Name _____

Primary contact name _____ phone # _____

Secondary contact name _____ phone # _____

Do you regularly attend FBC? ___ Yes ___ No

If visiting FBC, with whom do you attend? _____

Medical & Insurance Information:

Family Insurance Company _____ Policy # _____

Family Physician _____ Phone # _____

Check all that apply and give appropriate information below: None Allergies (Please list below w/degree of severity)
Asthma Bronchitis Diabetes Dizziness Heart Trouble Kidney Trouble Sinusitis Upset Stomach
Other (please explain on back)

List any prescription drugs the student will be taking during the week with frequency & dosage for each. Also please list any allergies and their severity, along with any other medical information for the student which may be helpful.

Permission Signature:

The undersigned parent or legal guardian understands and acknowledges that there are certain risks associated with participation in this event and hereby agrees to release and hold harmless First Bible Church or any of its officers, directors, agents, employees or volunteers from all claims and liability for any injury, loss of life, or property damage occurring during this event. As the parent or legal guardian of the above-named student, I hereby grant permission to Matt Dubach, Jared Pittman, First Bible Church staff, or any adult volunteer chaperoning this event to obtain necessary treatment in case of sickness or injury to my student. This permission includes granting consent for the furnishing of hospital, medical, surgical, dental, or other necessary care; and to sign any authorization, waivers or releases required by a doctor, hospital, clinic, dentist or other person in connection with administering such treatment and/or services to the student named on this form.

Parent/Guardian _____ Date _____

3202 Spring Avenue, Decatur, AL 35603

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