FIRST BAPTIST
Kingsland

PERMISSION AND MEDICAL RELEASE FOR ALL
2014 ACTIVITIES
Kingsland First Baptist Church

_____ has my permission to participate in activities in 2014 which are being sponsored by the ministries of Kingsland First Baptist Church, Kingsland Georgia.

Childs Full Name: _____
Date of Birth_____ Grade_____ Age _____

We understand and appreciate every child's individuality and interests. However, to ensure your child gets the maximum experience of our event, **we encourage full participation from every individual in all the scheduled activities**. If, for any reason, your child is limited from specific activities, (health or otherwise), please note the limitations below. Please also use this space to indicate any prescribed medications that will need to be administered during the day and any specific instructions for such medications. **We request that all medications be in original container with label. Any exceptions will need to be explained in writing.**

Limitations/Medications Instructions
_____
_____
_____

Does your child have any allergies? (medications or other) If so, please list:
_____

Parent(s) or Guardian(s) name: _____
Address _____City_____ Zip _____
Cell # _____Home #_____ Work # _____

Family Physician:
Name_____ Phone_____
Is this child covered by any medical or hospitalization insurance?_____
Name of Insurance Co. _____
Phone _____Policy and Group No. _____
Name of Policy Holder _____

Are shots current? Yes___ No___ Date of last Tetanus Shot_____
Does your child have (or has ever had) any of the following: (circle and explain below)
Seizure disorders - Asthma -Heart murmur - Diabetes -Hay fever - Kidney disease.
_____
_____

I authorize administration of any over the counter medications by a health care professional. I also authorize any health care professional to treat my child for injury or illness and to release information for insurance purposes during the period of these activities. I agree to assume obligation of doctor's bills, telephone calls, or other expenses relating to an emergency incurred during the period of these activities. I also release and discharge Kingsland First Baptist Church, its officers, agents, and employees, (all claims and demands/rights and causes of action) growing out of personal injuries and property damage resulting or occurring during activities or in transit to and from all activities.

Parent/guardian's signature:

_____Date_____