

**FIRST BAPTIST CHURCH OF PORT CHARLOTTE, FLORIDA
EMERGENCY & MEDICAL INFORMATION FORM**

Child's Name _____ Age _____

Parent/Legal Guardian _____

Address: Street _____

City _____ State _____ Zip _____

Phone Number: Day _____

Evening _____

Business _____

Medical History: (list any medical problems that your child has, food allergies, etc.) _____

List medications taken and dosage: _____

NOTE: DO NOT bring your child if he/she has a fever or is sick with a cold, virus, sore throat, mumps, measles, or any other contagious infection.

Insurance Company: _____

Policy Number: _____

Doctor: _____ Phone: _____

In Case Of Emergency, and the parent/legal guardian cannot be reached, contact the following:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

In the absence of the parent/legal guardian, the following person(s) is (are) authorized to pick up the above named child.

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Signature of parent/legal guardian _____

Date _____

It is the responsibility of the teen and his/her parent to maintain an updated Emergency and Medical Information form on file in the Church Office.

FIRST BAPTIST CHURCH OF PORT CHARLOTTE, FLORIDA
LIABILITY RELEASE FORM
(Release of All Claims)

In consideration for accepting my child, _____, for participation in _____ (trip or activity), I do hereby release, forever discharge and agree to hold harmless First Baptist Church of Port Charlotte, Florida and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the participant that occur while said person is participating in the above-described trip or activity including recreation and work activities. The undersigned further hereby agrees to hold harmless and indemnify said church, its directors, employees and agents for any liability sustained by said acts of said participant, including expenses incurred and attendant thereto.

Signed this _____ day of _____, _____.

The undersigned further consents to the administration of first-aid and/or doctor's care, or any other form of medical treatment necessitated by illness or injury that may require the same. In the event of the necessity of such care or treatment as heretofore described, the undersigned agrees to hold harmless and indemnify said church, its directors, employees and agents from any acts of malfeasance, and/or failure to act on the part of those chosen to administer medical care on behalf of the participant.

Signed _____
(Parent or Legal Guardian)

Accepted by _____
(Pastor/Student & Children's Pastor/Administrator)

Notary Public, Signature

My commission expires the _____ day of _____, A.D. _____.

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