

Mullins First Baptist Church
P.O. Box 443
Mullins, SC 29574
843.464.8236

2024

Medical Release Form & Authorization for Treatment

Student Name (First M. Last)

Date of Birth

Gender

School

Grade in Spring 2024

Parent(s)/Guardian(s)

Parent email

Address

City

State

Zip

Student Phone

Primary Parent Phone

Secondary Parent Phone

Use 2023 insurance card

I will text a clear photo of insurance card, front and back, to 502-517-1001

to call if parent/guardian not available

relationship to minor

phone number

Check the following areas of concern for this student:

1. For your student's safety and our knowledge, is your student a...

good swimmer

fair swimmer

poor or non-swimmer

2. Does your student have allergies to... (please specify in #8 of types, medications, EpiPen, etc.)

pollens medications

food items

insect bites/stings

3. Does your student suffer from, or has ever experienced, or is being treated currently for any of the following:

asthma epilepsy/seizures

heart trouble

diabetes

frequent upset stomach

physical handicap

other _____

4. Date of last tetanus shot: _____

5. Does your student wear...

glasses

contact lenses

prosthesis

6. Please list and explain any major illnesses the student experienced during the past year:

7. Please list and give dosage and schedules for any medications your student may be currently taking:

8. Other information pertinent to the care of your student, including activity restrictions:

PLEASE COMPLETE BACK OF THIS FORM

The below consent gives permission to seek whatever **medical attention** is deemed necessary, and releases Mullins FBC of any liability against personal losses of named child.

I/We the undersigned have legal custody of _____, a minor. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby **release Mullins First Baptist Church, its pastors, staff, agents, employees, and volunteer workers from any and all liability** for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement with the Church in 2024.

In the event that he/she is injured and requires the attention of a doctor, I/we **consent to any reasonable medical treatment** as deemed necessary by a licensed physician. It is understood that this authorization is given in advance if special diagnosis, treatment, or hospital care should be required, but is given to provide authority and power to the ministry supervisor and his/her authorized designee, to exercise his/her best judgment on what is advisable for my child's care, provided by the attending physician, dentist, or surgeon. It is also understood that Mullins First Baptist Church, its pastors, employees, agents, and volunteer workers will **make reasonable attempts to contact me/us** before seeking medical treatment but **without guarantee** that contact be possible until after treatment has been rendered. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person **free and harmless** of any claims, demands, or suits for damages arising from the giving of such consent.

I/We also acknowledge that we will be ultimately **responsible for the cost of any medical care** should the cost of that medical care not be reimbursed by the health insurance provider.

Further, I/we affirm that the health insurance information provided with this consent is **accurate at this date** and will, to the best of my/our knowledge, be applicable to this student.

Signature of parent or legal guardian

Dated

*The below consent gives permission for **transportation and participation** in year-round, typical ministry activities. (Exemptions include extensive travel, overnight stay, or hazardous situations; these require additional, specific consent.)*

Typical activities may include, but are not limited to: cookouts, swimming, basketball, roller skating, rollerblading, outdoor games, soccer, softball, volleyball, hayrides, kickball, team building activities, light construction, climbing ladders (-8'), and local transportation. **Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the Church.**

My child (listed above) has my permission to attend (and be transported to/from, if necessary) typical youth activities sponsored by Mullins First Baptist Church during 2024.

Signature of parent or legal guardian

Dated

*The below consent gives permission for agents of the church to **use still photos or video** of the student in promotional materials which may be distributed only to the church body; but also posted on the church website or social media.*

I hereby give Mullins First Baptist Church my permission to photograph and/or video my child (listed above) during youth activities in 2024.

Signature of parent or legal guardian

Dated