

# Quail Springs Baptist Church Student Ministry

14613 N. May Ave., Oklahoma City, OK 73134  
Medical Permission and Release Form **2019-2020**

The following information will be used with registration forms completed for any student ministry events. Please take a few moments and complete all information correctly, i.e., check spelling of names, addresses, zip codes, phone numbers, etc. **Please complete both sides of this document.**

Student's Name \_\_\_\_\_ Date Completed \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade **(19-20)** \_\_\_\_\_ Sex (circle) MALE FEMALE

Father \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother \_\_\_\_\_ Work Phone \_\_\_\_\_

Guardian \_\_\_\_\_ Work Phone \_\_\_\_\_

Email address \_\_\_\_\_

In the case of an emergency and a parent cannot be reached, please contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

Required Emergency Medical Information:

Family Physician \_\_\_\_\_ Office Phone \_\_\_\_\_

Family Dentist \_\_\_\_\_ Office Phone \_\_\_\_\_

Hospital Insurance [ ] Yes [ ] No Policy Number \_\_\_\_\_

Primary Insured \_\_\_\_\_ Name of Insurance Company \_\_\_\_\_

Insurance Company Telephone Numbers \_\_\_\_\_

**\*\*Please attach a copy of the front and back of your insurance card to be turned in with this form.**

List Date of Last Tetanus Immunization \_\_\_\_\_:

Check if Child has had vaccinations for: Chicken Pox \_\_\_\_\_ Measles \_\_\_\_\_ Mumps \_\_\_\_\_

Whooping Cough \_\_\_\_\_

Daily Medication Requirements:

Medicine \_\_\_\_\_ Prescribed Dosage \_\_\_\_\_ Time \_\_\_\_\_

Medicine \_\_\_\_\_ Prescribed Dosage \_\_\_\_\_ Time \_\_\_\_\_

Allergies: \_\_\_\_\_

Other Important Medical Information: \_\_\_\_\_

I (We) hereby DO \_\_\_ or DO NOT \_\_\_ consent to the use of blood and/or blood products under the care of a licensed physician in the case of an emergency.

Quail Springs Baptist Church and student Ministries (together with their respective officers, employees and agents) and each volunteer assisting them are collectively designated by the abbreviation "QSBC" throughout this entire form and the term "QSBC" shall refer to them individually as well as collectively.

- I (we) hereby authorize QSBC to take my (our) child to the before named physician or facility for medical treatment in the event of an emergency in which neither parent can be reached after reasonable attempt to do so.
- I (we) hereby give permission for my (our) child to attend and participate in activities sponsored by QSBC and/or Student Ministries.
- I (we) hereby authorize QSBC to transport my (our) child to or from church and/or any other church related and sponsored activities and events.
- I (we) authorize QSBC to include my (our) child in routinely supervised water activities.
- I (we) hereby authorize QSBC to consent to any x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care to be rendered to my (our) child under the general or special supervision and on the advice of any physician or dentist representing to be licensed on the medical staff of a hospital or medical care facility, whether such diagnosis or treatment is rendered at the office of said physician or at the said facility or hospital.
- I (we) hereby do authorize QSBC to dispense to my (our) child over-the-counter medications (according to proper dosage instructions) when reasonable deemed necessary.
- I (we) do hereby authorize any physician, dentist, hospital or medical treatment center to treat my (our) child in the case of emergency in which the before named physician or dentist cannot respond.
- The undersigned adult shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.
- Should it be necessary for my (our) child to return home due to medical reasons or otherwise, the undersigned shall assume and be responsible for the payment of all transportation costs.
- I (we) hereby release, forever discharge and agree to defend and hold harmless QSBC from any and all liability, claims or demands for personal injury, sickness or death, as well as property damages and expenses, of any nature whatsoever which may be incurred by the undersigned adult and the child/participant that occur while said child is participating in any trip or activity with QSBC.
- I (we) (and on the behalf of my (our) child/) hereby assume all risk of personal injury, sickness, death, damage and expenses as a result of participation in recreation and work activities involved therein.
- Further authorization and permission is hereby given to QSBC to furnish any necessary transportation, food, and lodging for my (our) child.
- The undersigned further hereby agree to hold harmless and indemnify QSBC from and against any claim against or loss incurred by QSBC as the result of the negligent, willful or intentional acts of my (our) child, including any expense incurred attendant thereto.

The medical consent and liability waiver provisions hereof shall remain in full force and in effect until written notice of revocation or withdrawal is received by QSBC at its office at 14613 N. May Avenue. I (we) acknowledge and agree that it is my (our) responsibility to notify Quail Springs Baptist Church of any changes in medical condition, guardianship, address or telephone, in writing to the address listed at the beginning of this form.

**PHOTO RELEASE**

I DO \_\_\_ DO NOT \_\_\_ give Quail Springs Baptist Church permission to publish photographs or video footage taken of my child during church related activities or events.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_