

INFORMATION CARD – MEDICAL & LIABILITY RELEASE FORM

2014-2015

Grade in 2014-2015 School Year: _____ Name: _____

Cell Phone: (_____) _____ Home Phone: (_____) _____

Address _____ City _____ Zip _____

Birthdate: M/D/Y _____ Age: _____ M/F: _____

Father's/Guardian's Name: _____ Phone #: (_____) _____

Mother's/Guardian's Name _____ Phone#: (_____) _____

In Case of emergency contact: If we are not able to reach you in an emergency who would we contact on your behalf?

1) _____ Relationship _____ Phone # (_____) _____

2) _____ Relationship _____ Phone # (_____) _____

Name of a person, other than yourself who may be picking up your child:

1) _____ 2) _____

3) _____ 4) _____

Family Doctor: _____ Dr. Phone: (_____) _____

Insurance Company: _____ Policy #: _____

Health History: _____ Allergies _____ Frequent Colds _____ Asthma _____ Epilepsy
_____ Nerves

_____ Insect Stings _____ Heart Condition _____ Physical Handicap _____ Frequent Upset Stomach _____ Other (state below)

If any of the above are checked please give details (include normal treatment of allergic reactions)

Date of last tetanus shot: _____ Up-to-date: _____ Name & dosage of medications that must be taken: (List Below): _____

Swimming restrictions? Yes No Activity restrictions? Yes No State restrictions: _____

Authorization To Treat A Minor

In the event I cannot be reached in an emergency, I (we) the undersigned parent, parents or legal guardian, of (child's name) _____ do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis and treatment and emergency hospital care which is deemed advisable by and is to be rendered under the general or specific supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act and on the staff of an acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

Liability Release

The programs and activities of First Baptist Church of Downey (FBCD) have been designed with your child's safety in mind. However, no activity is without the possibility of unforeseen hazards. Certain activities such as gym, related sports, team competition, bus trips and other related church activities have the inherent possibility of risk; therefore, FBCD wishes to alert parents/guardians. By signing this form the parents, guardians or individual agrees to assume and accept all risks and hazards inherent in these activities. They also agree not to hold FBCD and/or its staff or volunteers liable for damages, losses or injuries to the person(s) or property undersigned. The parents and guardians understand that they are signing for the minor listed on this form and that the signature is for both the Authorization To Treat A Minor and the Liability Release.

Parent's/Guardian's Signature: _____ Date: _____

By my signature above, I hereby give my permission for First Baptist Church of Downey (FBCD), its staff and volunteers to transport the above-named student via church bus, volunteer van or automobile to and from any church-sponsored event. When the above-named student attends any church-sponsored event, I understand that FBCD will interpret that I have given my permission for them to attend.

Parent, please initial. _____ This authorization is in effect from the date signed through 12-31-2015.