



2011-2012 School Year Medical, Surgical Waiver & Picture/Video Release

Information

The 2011-2012 (June 2011 – May 2012) School Year Medical, Surgical Waiver & Picture/Video Release form will apply to all student events, trips and projects for the 2011-2012 (June 2011 – May 2012) school year. This will give The Grace Place, Salem Baptist Church, an adequate, current, and usable record of each student's medical information, and will give hospitals information they need to have, including parental permission, in case any student needs medical attention. **Please submit a photo copy of your insurance card with these forms to the church office.** All information is kept confidential and secure. Please be thorough with each answer.

******* It is the responsibility of the parent or legal guardian to keep this information current.*******

Parent/Guardian Information

Mother/Guardian Name _____ Father/Guardian Name _____

Address _____ City _____ Zip _____

Home Phone _____ Mother/Guardian Cell Phone _____ Father/Guardian Cell Phone _____

Second Contact Name & Number _____

Medical Information

Family Physician _____ Phone _____

PERSON 1:

Participant's Name _____ Birth Date _____

List any physical limitations or conditions that the participant has such as: allergies, asthma, nervousness, headaches, seizures, etc.

or write "NONE" _____

List any medications the child is currently taking: _____

List over the counter medications that staff/volunteers may give child (i.e. Ibuprofen, Tylenol, Roloids etc.) _____

Should the participant at any time require medical attention, list any special instructions which the participant might require such as being allergic to penicillin, having a rare blood type, etc. or write "NONE"

Current Immunization (give date or write "none"): _____ Tetanus: _____



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PERSON 2:

Participant's Name _____ Birth Date _____

List any physical limitations or conditions that the participant has such as: allergies, asthma, nervousness, headaches, seizures, etc.
or write "NONE" _____

List any medications the child is currently taking: _____

List over the counter medications that staff/volunteers may give child (i.e. Ibuprofen, Tylenol, Roloids etc.) _____

Should the participant at any time require medical attention, list any special instructions which the participant might require such as being allergic to penicillin, having a rare blood type, etc. or write "NONE"

Current Immunization (give date or write "none"): _____ Tetanus: _____

PERSON 3:

Participant's Name _____ Birth Date _____

List any physical limitations or conditions that the participant has such as: allergies, asthma, nervousness, headaches, seizures, etc.
or write "NONE" _____

List any medications the child is currently taking: _____

List over the counter medications that staff/volunteers may give child (i.e. Ibuprofen, Tylenol, Roloids etc.) _____

Should the participant at any time require medical attention, list any special instructions which the participant might require such as being allergic to penicillin, having a rare blood type, etc. or write "NONE"

Current Immunization (give date or write "none"): _____ Tetanus: _____



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PERSON 4:

Participant's Name _____ Birth Date _____

List any physical limitations or conditions that the participant has such as: allergies, asthma, nervousness, headaches, seizures, etc.
or write "NONE" _____

List any medications the child is currently taking: _____

List over the counter medications that staff/volunteers may give child (i.e. Ibuprofen, Tylenol, Roloids etc.) _____

Should the participant at any time require medical attention, list any special instructions which the participant might require such as being allergic to penicillin, having a rare blood type, etc. or write "NONE"

Current Immunization (give date or write "none"): _____ Tetanus: _____

PERSON 5:

Participant's Name _____ Birth Date _____

List any physical limitations or conditions that the participant has such as: allergies, asthma, nervousness, headaches, seizures, etc.
or write "NONE" _____

List any medications the child is currently taking: _____

List over the counter medications that staff/volunteers may give child (i.e. Ibuprofen, Tylenol, Roloids etc.) _____

Should the participant at any time require medical attention, list any special instructions which the participant might require such as being allergic to penicillin, having a rare blood type, etc. or write "NONE"

Current Immunization (give date or write "none"): _____ Tetanus: _____



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Medical Insurance Information

Company Name _____ Group # _____

Policy # _____ Phone # _____

Policy Holder's Name _____ Check here if no medical insurance _____

Waiver

***** To be filled out by parents or legal guardian of participants under 18 years of age*****

I, _____ the parent and/or legal guardian of,

_____,
_____,

a minor, hereby acknowledge that said minor is presently under my care, custody, and control. I hereby give my child, the said minor, permission to participate in any and all activities at and with The Grace Place, Salem Baptist Church, in which he/she, with my approval, registers to participate in.

I further expressly grant my permission for my child to participate in all activities while an active participant in trips and church events. In the event that there rises an emergency, necessitating medical, surgical attention, I hereby consent and give my permission to The Grace Place, Salem Baptist Church, it's representatives, sponsors, and attending physicians, to make such decisions and to perform such medical treatment and/or surgery upon said minor which may in their sole discretion be necessary and proper under the circumstances. I, the undersigned parent and/or legal guardian of said minor, do release, acquit, discharge, and covenant The Grace Place, Salem Baptist Church, from any and all actions and causes of actions, related risks and dangers, including negligence, damages, liabilities arising out of the treatment of any sickness or accident, and financial responsibility for all medical treatment of any sickness or accident, provided during the attendance of any trips or events.

I also assume responsibility for providing any transportation from the location event should it be necessary for disciplinary reasons.

Parent or Legal Guardian Signature:

Date

I give The Grace Place Church, Salem Baptist Church, the permission to use any pictures taken of our family for online websites and any other type of media marketing with the full knowledge that our images are not being used for financial gain.

Parent or Legal Guardian Signature:

Date

To be filled out by staff/volunteers who are currently 18 years of age or older.

I, _____, _____, am 18 years of age or older and have read the Medical and Surgical Waiver for minors and agree to the same terms. I hereby release, acquit, discharge, and covenant to indemnify and hold harmless The Grace Place, Salem Baptist Church, from any and all actions and causes of actions, related risks and dangers, including negligence, damages, liabilities arising out of the treatment of any sickness or accident, and financial responsibility for all medical treatment of any sickness or accident, provided during the attendance of any trips or events.

I give The Grace Place Church, Salem Baptist Church, the permission to use my picture for online websites and any other type of media marketing with the full knowledge that my image is not being used for financial gain. _____ (Initial)

I also assume responsibility for providing any transportation from the location event should it be necessary for disciplinary reasons.

Adult Staff/Volunteer Signature:

Date

Adult Staff/Volunteer Signature:

Date