FELLOWSHIP BAPTIST CHURCH
3705 N. Monroe St
Tallahassee, Fl 32303
(850) 562-2040

ELEVATE YOUTH - MEDICAL RELEASE FORM

_____ _____ _____
Student's Name Date of Birth Age

_____ _____
School Grade

_____
Physical Address

_____
Mailing Address (If different)

_____ _____ (c)_____(w)_____
Parent/ Guardian Name Relationship Cell Number / Work Number

_____
Parent/Guardian E-Mail Address

_____ _____ (c)_____(w)_____
Parent/ Guardian Name Relationship Cell Number / Work Number

_____
Parent/Guardian E-Mail Address

_____ _____
Emergency Contact (other than listed parent/guardian) Phone Number

_____ _____
Emergency Contact (other than listed parent/guardian) Phone Number

(SEE OTHER SIDE)

MINOR CHILDREN MEDICAL TREATMENT CONSENT FORM

_____
Student Name

_____
Parent / Guardian Name

_____ _____
Doctor Name Phone Number

_____
Doctor Address

_____
Preferred Hospital

Medical History _____

_____

Any known allergies/ food sensitivities:
_____

_____

Current Medication _____

Last Tetanus Shot _____

_____ _____
Insurance Company Name Policyholder name

Group # _____ Policy #_____

Mailing address for claims _____

(Continued from MEDICAL RELEASE FORM and MINOR CHILDREN MEDICAL TREATMENT CONSENT FORM)

_____
Student Name

This is to release and hold harmless Fellowship Baptist Church and its ministers and staff from any and all responsibility or liability arising out of the participant's involvement in all youth ministry activities. In the absence of one of the participant's parents or guardians, Fellowship Baptist Church is authorized to administer first aid or to obtain any emergency first aid or medical care by any physician, hospital, or attendant which may be needed by the participant as a result of involvement in the activity. I agree to abide and be bound by such decisions or consents as made by Fellowship Baptist Church and do assume full financial responsibility for and agree to pay all expenses of such care.

Transportation: I give my son or daughter permission to ride in church vehicles and/or adult leader's vehicles. I further understand that by present Florida Law, if the participant is riding in a church vehicle which is involved in an accident he/she will be primarily covered by bodily injury under our family automobile policy.

Photo Release: During youth activities your youth and any guests may be photographed or videoed while participating in youth events. Therefore, every guest, by participating in any youth activity, acknowledges and agrees that these photos and/or videos may be taken and used in promotional materials. Please notify your guests of this agreement.

I further agree that if my son or daughter creates a disciplinary problem, I will be responsible for all costs related to his/her early return.

_____ _____
SIGNATURE OF PARENT / GUARDIAN DATE

_____ _____
NOTARY (Print Name) MY COMMISSION EXPIRES

STATE OF FLORIDA, COUNTY OF _____

The foregoing instrument was acknowledged before me the _____ day of _____ 20 __ , by
_____ .
(Name of Parent or Guardian)

Personally known _____ or produced I.D. _____ (Type of I.D. _____)

_____ _____
Notary Signature Print/Type/Stamp Name of Notary
Notary Public State of Florida