

**GREEN ACRES BAPTIST CHURCH
ONE-TEN STUDENT MINISTRY
2019 MEDICAL & SURGICAL WAIVER
MINOR (18 and under)**

Student Last Name _____

Student First Name _____



I, _____ the parent and/or guardian of the above listed student, who is a minor, hereby acknowledge that said minor is presently under my care, custody, and control. I hereby give the said minor my express permission to travel to/ participate in church-sponsored events and functions of Green Acres Baptist Church from January 1, 2019, through December 31, 2019. In the event there arises an emergency necessitating emergency medical or surgical attention, I hereby consent and give permission to Green Acres Baptist Church, or its representatives, and/ or any attending physician to make such decisions and to perform such medical or surgical treatment upon said minor, which in their sole discretion, may be reasonable and necessary under the circumstances.

I, the undersigned parent and/or guardian of said minor, do release, acquit, discharge, and covenant to hold harmless the said Green Acres Baptist Church or its representatives from any and all actions, damages, and/or liabilities arising out of the treatment of any sickness or accident incurred by said minor. It is the intention of this release that Green Acres Baptist Church and its representatives incur no liability whatsoever while attending to the reasonable and necessary treatments, surgery, and other medical needs that may, in their sole discretion, be needed by said minor.

I, the undersigned parent and/or guardian of said minor, give permission to include my student in GABC pictures, videos, and/or other media.

Parent/Guardian Signature: _____ Date: _____

Student Signature: _____ Date: _____

In case of emergency, please contact the following if parent/guardian not available: _____

Phone: _____ Relationship: _____

HEALTH FORM

Student Name: _____ Birthdate: ____ / ____ / ____
Last First Middle Month Day Year

Parent and/or Guardian Name: _____

Address: _____
Street City State Zip

Parent/Guardian Phone _____ Alternate Phone _____

List any known physical conditions or limitations, such as allergies (medication and /or food related), headaches, nervousness, etc.

Should the student require medical attention, list any special instructions that may be helpful, such as allergy or reactions to any medications, rare blood type, known (past) reactions to anesthesia, etc.

Current immunization status up-to-date: Yes No Tetanus _____
(International trips only)

Medications: _____
List medications that student takes on ongoing basis

*****It is your responsibility to complete a Medication Dispense Form & turn in with any medications before the trip*****

Medical Insurance: _____
Company Policyholder DOB:

Group No. _____ Member I.D. _____ Policy No. _____