

Please indicate the date of this student's last tetanus shot: _____

Are there any activity restrictions for this student? [] Yes [] No

If YES, describe:

Is this student on any medications? [] Yes [] No

If YES, please state the medication(s): _____

Will this student take the medication(s) on church trips or activities? [] Yes [] No

Describe any dietary restrictions that this student is required to observe:

Other comments or suggestions from the parent or guardian concerning this student:

I understand that **First Baptist Church, King Mountain, NC** carries medical and hospitalization insurance coverage which, consistent with the exclusions, limitation and terms thereof, may provide benefits over and above any personal medical or hospitalization coverage available to my family. I understand that any personal medical or hospitalization insurance available to my family will provide *primary* coverage and that the above listed church's medical and hospitalization coverage (subject to the exclusions, limitations and provisions in the church's policy) may provide *secondary* or *excess* coverage. I agree to apply first for benefits from the personal medical and hospitalization coverage available to my family, if any, before applying for benefits from the above listed church's medical and hospitalization coverage.

I further understand that, in the event my student requires medical or dental treatment while engaged in activities with **First Baptist Church, King Mountain, NC**, reasonable efforts will be made to contact me; however, if I cannot be reached, I hereby consent and give permission to the church's ministry staff or any adult sponsor acting on behalf of the church with respect to church activities as agent for me, to consent to any X-ray examination; injections; anesthesia; medical, dental, or surgical diagnosis and treatment; and hospital care and treatment advised and supervised by a physician; surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either as an outpatient or in any hospital. To the best of my knowledge, I have listed above all of my student's medical allergies, medicines to be taken, medical problems or other pertinent information. My student has permission to participate in all prescribed activities except as noted by me. I realize that this form is valid for 1 year from the date below. If there are any changes, I will notify **First Baptist Church, King Mountain, NC**.

I, the undersigned, do hereby release and forever discharge all sponsors and employees of **First Baptist Church, Kings Mountain, NC** from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or injury while participating in sponsored church youth events.

Signature _____ Date: _____

Witness (Notary) _____ Date: _____

My Commission Expires _____