

FBC of Gray Gables, Callahan, FL
Medical And Photo Consent Form

(Valid through 01/01/2023)

• **Personal Information**

Participant Name _____ **Date of Birth** ____/____/____
(Last) (First) (MM / DD / YY)

Address _____ **Phone (h)** _____
(Street)

(City) (State) (Zip)

Guardian(s) Name _____ **Relationship** _____

Address _____ **Phone (h)** _____
(Street)

(City) (State) (Zip)

Emergency Contact _____ **Relationship** _____ **Phone** _____

• **Medical Information**

Family Physician _____ **Phone** _____

Known Allergies (food, medications, etc.)

Past serious illnesses or hospitalization, with dates

Date of last Tetanus immunization _____ (mm/dd/yyyy)

Medication currently being taken by participant

**All medications must be in their original packaging with the child's name, the dosage and when to administer the medication being clearly visible. Upon arrival to an FBCGG event, all medications must be given to a staff member or volunteer chaperone. If medication must be refrigerated, please advise staff or chaperones upon arrival.*

Any physical condition, illness, or special dietary needs that could affect participant's participation in programs and/or proper medical treatment (diabetes, epilepsy, asthma, etc.)

Health Insurance Company _____ **Policy number** _____

Please attach a photocopy of your insurance card or form to this document.

• **Medical Treatment/ Photo Consent**

I hereby give **the Staff Members and Volunteers of FBC of Gray Gables** events permission to provide first aid care for the participant, _____. In the event that I cannot be reached, I hereby authorize **FBC of Gray Gables Staff and Volunteers** to transport the participant to the emergency room of the nearest hospital and I hereby grant my consent for the hospital and its medical staff to provide the participant with emergency medical care (including anesthesia) as deemed necessary by a physician. I also will not hold **FBC of Gray Gables nor any of its Staff and Volunteers** responsible for any injuries incurred or any medical expenses resulting from them. I agree to accept financial responsibility for any and all medical expenses incurred. I also hereby give my consent for the above to receive over the counter medication from staff and/or chaperones.

Photos and likenesses of the above may be utilized through media outlets for the purpose of promoting church activities and may be kept in **FBC of Gray Gables** archives. Compensation will not be given in any form. I hereby give my consent for the above to be included in any and all such church activities.

Guardian's Name (printed)

Guardian's Signature

Date

Liability Release and Covenant Not to Sue

I hereby release the **FBC of Gray Gables (First Baptist Church of Gray Gables, Inc.) its staff and volunteers** from any and all liability, claims, damages, actions, causes of action whatsoever for loss, damage, injury to person, medical expenses, lost wages, special damage, property damage, irrespective of how arising and however caused including but not limited to all kinds and degrees of negligence (except willful conduct) which **FBC of Gray Gables (First Baptist Church of Gray Gables, Inc.) its staff and volunteers** may commit or be charged with in connection, directly or indirectly, with this activity.

I hereby assume all risk associated with this activity and covenant not to sue **FBC of Gray Gables (First Baptist Church of Gray Gables, Inc.) its staff and volunteers** for any liability or claims including but not limited to those types of claims identified previously herein.

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY.

State of _____, County of _____.

The forgoing Consent was acknowledged before me this _____ day of _____,
20____.

Notary Public _____

(Notary Seal)

My Commission Expires: _____