



Event
NVBC Medical Release & Permission Form

Effective dates: January 1, 2010 – December 31, 2010

Name: LAST FIRST MIDDLE Age Birthday
Grade in school Male Female Email
Address City State Zip
Phone Cell Phone
Medical insurance company Policy #
Mother's name Phone: Home Cell
Father's name Phone: Home Cell
Emergency contact Phone: Home Cell
Physician Office phone
Dentist Office phone

Medical History

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

Check the following areas of concern for your child. If necessary, add another page with details:

- 1. Does your child have allergies to: pollens, medications, food, insect bites, other
2. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following: asthma, epilepsy / seizure disorder, heart trouble, diabetes, frequently upset stomach, physical handicap, other
3. Does your child take any medication? yes no
If yes, please list the medication, dosages and any other instructions below:
4. Does your child wear: glasses, contact lenses

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5. Please list and explain any major illnesses the child experienced during the last year:

Additional comments: \_\_\_\_\_

Should this child's activities be restricted for any reason? Please explain: \_\_\_\_\_

\_\_\_\_\_

6. Is your child current on all shots?  yes  no; please explain: \_\_\_\_\_

### For your information, we expect all children to conform to these rules of conduct

No fighting

No offensive or immodest clothing

No boys in girls' sleeping quarters and no girls in boys' sleeping quarters

Participation with the group is expected

Respect property

Respect one another, staff, and adult leaders

Respect and comply with event schedules

### Children who fail to comply with these expectations may be sent home at their parents' expense.

Activities may include, but are not limited to: roller skating, swimming, indoor/outdoor games, movies, camping. *Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the children's pastor prior to that event.*

\_\_\_\_\_ has my permission to attend all children's activities

NAME OF PARTICIPANT

sponsored by **New Vision Baptist Church, 1750 N. Thompson Lane, Murfreesboro, TN 37129** (hereinafter the

"Church") during the **2010 calendar year**.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the child named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the children's ministries staff member.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notary Public signature: \_\_\_\_\_ Date: \_\_\_\_\_