

First Baptist Church Boerne

MEDICAL/LIABILITY Release

Youth Ministry

Students

Last Name (print) _____ First Name _____ Date of Birth ____ - ____ - ____

Address _____ City _____ State _____ Zip _____

Cell Phn :() _____ - _____ Home Phn #2 :() _____ - _____ Email: _____

Parent(s) Name: _____ Parent Email: _____

Cell: #1 () _____ - _____ Other #2 () _____ - _____

Emergency Contact: _____ Emergency Phn: #1 () _____ - _____

Family Doctor: _____ Family Doctor Phone: () _____ - _____

Medical Conditions:

- Asthma Heart Condition Epilepsy/Nervous Disorders Ear Infections
- Diabetes ADD or ADHD Migraine Headaches Physical Handicap
- Other _____

Known Allergies: _____

If your child should require medical attention for injuries or illnesses contracted prior to an activity/trip, please send along the information necessary to give you or your child proper medical service during this activity/trip. If you have medical insurance for your child, your carrier will be billed for medical charges in the case of illness or injury while your child is attending an activity/trip.

Does your child have Health Insurance? Yes No

Name of Medical Provider _____ Policy # _____

Group # _____ Authorization Phone # (if necessary): () _____ - _____

MEDICAL RELEASE:

I (We), the undersigned, parent(s) of _____, a minor, so hereby authorize First Baptist Church Boerne as agent(s) for the undersigned to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general care or supervision of, any physician and surgeon licensed under the provision of the Medicine Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his/her best judgment may deem advisable.

Should the student require medical attention, every effort will be made first to consult with the parents to seek desired direction. This authorization shall remain effective until revoked in writing delivered to said agent(s).

LIABILITY RELEASE:

_____ (parent's name) shall indemnify, hold free and harmless, assume liability for, and defend First Baptist Church Boerne, its agents, servants, employees, officers, and directors from any and all cost and expenses including but not limited to, attorneys' fees, reasonable investigative and discovery costs, court costs, and all other sums First Baptist Church Boerne is obligated to pay on account of any, all and every demand for, claim assertion or liability, or any claim or action founded thereon, arising or alleged to have arisen out of _____ (child's name) use of real or personal property belonging to First Baptist Church Boerne, its agents, employees, officers, and directors, or by any action or omission by _____ (child's name).

PARENTAL CONSENT AND WAIVER OF LIABILITY:

I/we understand and appreciate fully the inherent risks of church functions, activities, and events involving youth and children including but not limited to youth activities at the Church, youth volunteer activities, youth group gatherings, and other gatherings of youth and children for organized training and teaching on weekdays, evenings, weekends, or during special summer programs and offerings. I have been advised by this instrument that there are inherent risks involved in such activities such as physical injuries and exposure to diseases including but not limited to viral and bacterial infections such as the flu and Covid19 (the Coronavirus). I/we hereby give this consent and authority for my child to participate in the functions, activities, or events mentioned above and do so willingly and with knowledge of such risks and uncertainties. I/we on behalf of ourselves, our executors and administrators, and on behalf of the child(ren) named herein expressly release and hold harmless the First Baptist Church Boerne and its pastoral staff, officers, directors, administrators, deacons, together with individual employees and volunteers from any and all liability of whatsoever kind or nature involved in the activity or activities described herein. I/we do hereby voluntarily and absolutely release, discharge, waive, and relinquish any and all loss or damages or actions or causes of action for personal injury, property damage, or wrongful death occurring to my/our child(ren) as a result of my/our child(ren) engaging in the functions, activities, or events described above including transportation that may be provided by the Church.

Parent/Guardian Signature (You may sign your own release if you are over 18)

Date

Print Name

Relationship to Child

FBC Youth Camp Chi-Rho BEHAVIOR WAIVER

I, _____ (print parent or guardian name), take all responsibility for my
_____ child, (print student name), during the entire Camp Chi-Rho trip.

In the event of any personal or property damage done by my child, I understand that I am completely, morally, and financially responsible. This includes:

- Negligent physical harm or injury inflicted to another individual by my child.
- Property damage to any and all objects done by my child.

In the event damage is caused by more than one child, equal responsibility is taken by all involved. When responsibility for damage is not claimed, all those closely related will share in responsibility and expense (example: room damage unaccounted for = all room members share responsibility).

I understand that in the event that my student does not adhere to the following camp guidelines, at the discretion of the Student Pastor, I may be required to pick my student up from camp immediately:

- No use or possession of alcohol, cigarettes, cigars, any tobacco, non-prescription drugs, inhalants, pornographic materials, and all inappropriate music. There is permission granted for random bag checks and room checks for such material by adult staff in the event there are allegations of such material.
- Student will exercise their ability to gain personal control over any actions that may cause injury to oneself or another.
- Student will not cause excessive and persistent disruption to the entire group or small group.
- Student should not be in any place they are not supposed to be. (Including but not limited to: In a cabin of the opposite sex, any where off property)
- Dress Code: We want you to be comfortable at camp, so shorts, t-shirts, flip-flops, etc. are all fine.
 - Girls: Swimsuits need to be one piece, a “true” tankini, or wear a surf shirt over 2 piece (NO string). Girls wearing two piece swimsuits will be asked to wear a dark t-shirt over their suit. No short shorts, Nike shorts are fine, but they may NOT be rolled. Basically all shorts need to be fingertip length or longer. No clothing that reveals the stomach, bra, or cleavage.
 - No offensive slogans or profanity on t-shirts or hats. Shirts must be worn at all times, except for swimming. Sleeveless shirts are allowed, ONLY during activities.

Don't be a distraction by the way you dress. We want everyone's focus to be on our God, NOT your outfit! Please encourage and help your student abide by the above listed rules while packing.

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All final decisions are the responsibility and at the discretion of the Student Pastor after discussion with all volunteer adults involved. It is not our desire to ever send a student home, and we will do all we can to work with you, the parent, in impacting your teen positively. When any serious problem arises, you will receive a phone call so that the matter can be discussed and the proper action taken.

Signatures:

Parent/Guardian

Date

Student

Date