

1. Does the student have any known physical illness or disability which might interfere with his/her participation in strenuous activity? If so, please explain.

2. Does the student have any severe allergies or reactions to any drugs, medicines, foods, etc.? Explain.

3. Is the student presently taking any medications or on any special diet or exercise restrictions? If yes, please list specific details (name of drugs, dosage, etc.). Would you like an adult to be in charge of administering medication for your child during the trip?

4. Indicate the date of last Tetanus Booster _____

5. Is the student living with (circle one): both parents one parent guardian other

6. Are there any additional instructions or information not covered above that would be helpful for us to know about your child?

I, the undersigned parent/guardian, do hereby grant permission for my son/daughter, named above, to attend First Baptist Church Mount Sterling's Youth Ministry Events/Trips this year (2011) for which he/she has signed up and paid for. In order that my son/daughter may receive the proper medical treatment in the event that he/she may sustain injury or illness during the period of an FBC Youth Ministry event/trip, I hereby authorize the leaders to obtain or provide medical treatment for my son/daughter for such injury or illness during the event/trip, and I do hereby hold First Baptist Church Mount Sterling and the leaders harmless in the exercise of this authority.

I further understand that there is always a possibility that my son/daughter may sustain physical illness or injury while participating in this event/trip. If this occurs, I hereby authorize First Baptist Church Mount Sterling and the leaders to refer my son/daughter for medical treatment, including a medical treatment center (hospital, etc.). I further acknowledge and understand that I will be responsible for any medical bills that may be incurred on behalf of my son/daughter for physical illness or injury that he/she may sustain during the event/trip.

Understanding that there is always a possibility that my son/daughter may sustain physical illness or injury, I acknowledge and understand that my son/daughter is assuming the risk of such physical illness or injury by his/her participation, and I further release and hold harmless First Baptist Church Mount Sterling and the leaders from liability for any and all claims for personal illness or injury that my son/daughter may sustain during the event/trip. I further acknowledge and understand that my son/daughter will be responsible for his/her failure to abide by the rules and regulations of the event/trip.

Parent/Guardian printed name

Parent/Guardian Signature

Date

(This Medical Release is valid from January 1, 2011 to December 31, 2011)