

2014 Youth's Waiver

Bamberg First Baptist Church
11823 Heritage Hwy, Bamberg, South Carolina 29003
(803) 245-2453

The 2014 Medical and Surgical Waiver will apply to all Youth events, trips, and projects from January 1, 2014 through December 31, 2014. It will give Bamberg First Baptist Church an adequate, current, and usable record of each student's medical information, and will give hospitals information they need to have, including parental permission, in case any student needs medical attention. Please be thorough with each answer. It is the responsibility of the parent or guardian to keep this information current. After completing the form, have it notarized on the back. Many hospitals require notarization.

PERSONAL INFORMATION:

Participant's Name _____ DOB _____

Age _____ Grade for current school year _____ Gender _____

Parents' Names _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Business Phone _____

Father's Cell Phone _____ Mother's Cell Phone _____

If not available in an emergency, notify:

Name _____ Home Number _____

Cell Phone _____ Work Phone _____

MEDICAL INFORMATION:

Family Physician _____ Phone Number _____

List below (or write "None"), any physical defects or conditions that the participant has such as: allergies, asthma, nervousness, headaches, dysmenorrhea, etc.

Should the participant at any time require medical attention, list any special instructions (or write "None") which the participant might require such as being allergic to penicillin, having a rare blood type, etc.

Current Medications (Name, dosage)

Current Immunization (give date, or write "Current"): Tetanus _____

Polio _____

MEDICAL INSURANCE:

Company Name _____

Policy or Group Number _____ Phone _____

Number _____

Check here if participant has NO Medical Insurance _____

(Copy of front and back of insurance card must be attached to this form)

WAIVER:

1) TO BE FILLED OUT BY PARENTS OR LEGAL GUARDIANS OF PARTICIPANTS WHO ARE UNDER 18 YEARS OF AGE.

I, _____ the parent and/or legal guardian of _____ a minor, hereby acknowledge that said minor is presently under my care, custody, and control. I hereby give my child, the said minor, permission to participate in any and all activities at and with Bamberg First Baptist Church of Bamberg, South Carolina, in which he/she, with my approval, registers to participate. I further expressly grant my permission for my child to participate in all activities while an active participant on trips and church events. In the event that there rises an emergency, necessitating medical, surgical attention, I hereby consent and give my permission to the Bamberg First Baptist staff, its representatives, or the sponsors, or any attending physicians, to make such decisions and to perform such medical treatments and/or surgery upon said minor which may in their sole discretion be necessary and proper under the circumstances. I, the undersigned parent and/or legal guardian of said minor, do release, acquit, discharge, and covenant to indemnify and hold harmless Bamberg First Baptist Church or its representatives, or the sponsors, or any attending physician, from any and all actions and causes of actions, related risks and dangers, including negligence, damages, liabilities arising out of the treatment of any sickness or accident, and financial responsibility for all medical treatment of any sickness or accident, and financial responsibility for all medical treatment provided during the attendance of any trips.

*****I also assume responsibility for providing transportation home from the event location should it be necessary for disciplinary reasons.*****

Parent or Legal Guardian's Signature _____ Date _____

2) TO BE FILLED OUT ONLY IF THE PARTICIPANTS ARE CURRENTLY 18 YEARS OF AGE OR OLDER.

I am 18 years of age or older and have read the above Medical and Surgical Waiver for minors and agree to the same terms. I hereby release, acquit, discharge, and covenant to indemnify and hold harmless Bamberg First Baptist Church or its representatives, or the sponsors, or any attending physician, from any and all actions and causes of actions, related risks and dangers, including negligence, damages, liabilities arising out of the treatment of any sickness or accident, and financial responsibility for all medical treatment provided during the attendance of any trips.

*****I also assume responsibility for providing transportation home from the event location should it be necessary for disciplinary reasons.*****

Adult Participant's Signature _____ Date _____

FORM MUST BE NOTARIZED

Sworn and subscribed before me a NOTARY PUBLIC this _____ day of _____, 2014.

Notary Public

My Commission Expires _____