

# Children's Permission/Medical Information Form

\_\_\_\_\_ has my permission to participate in ALL children's activities, choirs, mission organizations, special events, and Sunday school **August 2024 – July 2025** that are sponsored by Aiken's First Baptist Church, Aiken, SC.

Child's DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

## **IN CASE OF EMERGENCY:**

Parent/Guardian's name: \_\_\_\_\_

Parent/Guardian's cell: \_\_\_\_\_ Parent/Guardian's work #: \_\_\_\_\_

Parent/Guardian's email: \_\_\_\_\_

Parent/Guardian's name: \_\_\_\_\_

Parent/Guardian's cell: \_\_\_\_\_ Parent/Guardian's work #: \_\_\_\_\_

Parent/Guardian's email: \_\_\_\_\_

## **If Parent/Guardian cannot be reached:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell #: \_\_\_\_\_ Other: \_\_\_\_\_

## **MEDICAL INFORMATION**

Knows how to swim Y N

Tetanus shot up to date (include date) Y N

Any reaction to insect bites/stings Y N

Asthma Y N

Any reaction to sun/sunburn Y N

Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Please list any concerning medications, allergies, or other special needs here or in a "confidential" envelope.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that the above information is true and correct to the best of my knowledge and will make the Children's Ministry/Staff of Aiken's First Baptist Church aware of any changes.

\_\_\_\_\_  
Parent or Legal Guardian

\_\_\_\_\_  
Date

# Consent Waiver and Medical Authorization

## **RELEASE, WAIVER, AND INDEMNITY AGREEMENT FOR PARTICIPATION BY MINORS & STUDENTS IN ALL CHURCH SPONSORED ACTIVITIES**

I have consented to participation of \_\_\_\_\_ in the Church sponsored activity described in the accompanying **CONSENT FORM & MEDICAL INFORMATION** in consideration for my son/daughter being allowed to participate in the activity, I am being asked to execute this document with legal significance which I understand is intended to affect legal rights which I, my spouse, my child/children, or a legal representative, could possibly have against Aiken's First Baptist Church, Aiken, South Carolina, the ministers, the staff, or Church members which arise out of, or relate to, my son's/daughter's participation in this activity. By signing below, I am agreeing, individually, and on the behalf of any other person who might claim a right as follows:

1. My child, my spouse, and I **release** Aiken's First Baptist Church, its ministers, staff, and Church members and **waive** any claim for injury, disability, disease, death or property damage which results from my child's/children's participation in the Church sponsored activity described in the **CONSENT FORM & MEDICAL INFORMATION**. This release specifically covers and **releases** any and all claims against Aiken's First Baptist Church, its ministers, employees, and Church members for their own negligence.

2. I agree, and I hereby bind my estate, to **indemnify** Aiken's First Baptist Church, its ministers, employees, and Church members against any claim by me, or by my spouse, or by my child, or by a legal representative, or by any third party which relates to, or in any way arises out of my child's/children's participation in the Church sponsored activity described in the **CONSENT FORM & MEDICAL INFORMATION**, including any costs or attorneys' fees which are incurred by them.

3. I assume any risks and hazards incident to my child's participation in this activity and consent to full participation by my child/children.

4. I further authorize Aiken's First Baptist Church, its ministers, staff, or Church members to furnish my child/children with **emergency medical care** or to obtain the same from medical professionals in the event that the staff in their judgment deems the same to be needed for my child/children. This authorization includes, but is not limited to, the following procedures to be conducted by licensed professionals: examination, x-ray, anesthetic, diagnostic and medical procedures including surgery, if necessary. I further agree to pay for this medical care furnished to my child/children or to reimburse Aiken's First Baptist Church for this medical care.

\_\_\_\_\_

Parent or Legal Guardian

\_\_\_\_\_

Date

## PHOTO PERMISSION

I grant permission for my child's photo and name to be used on AFBC's website and other media outlets.

\_\_\_\_\_

Parent or Legal Guardian

\_\_\_\_\_

Date

## PERMISSION TO LEAVE ON OWN

I grant permission for my child to leave Sunday School, Mission Organizations and Children's Choirs on their own, and will arrange a place to meet them.

\_\_\_\_\_

Parent or Legal Guardian

\_\_\_\_\_

Date