

First Baptist Church of Ruidoso, New Mexico
2018 Media & Medical Release & Power to Authorize Medical Treatment

| |
|---|
| <input type="checkbox"/> Adult |
| <input type="checkbox"/> Youth |
| <input type="checkbox"/> Children |
| <input type="checkbox"/> Preschool |

Personal Information

Name _____ Birthdate _____ Grade In School _____
Mailing Address _____ Home Phone _____ Cell Phone _____
Physical Address _____ City _____

If Named person is under the age of 18 provide the information below.

Mother/Guardian's Information:

Name _____ Relationship to person noted above _____
Employer _____ Work # _____ Cell# _____ Other Contact# _____

Father/Guardian's Information:

Name _____ Relationship to person noted above _____
Employer _____ Work # _____ Cell# _____ Other Contact# _____

Medical Information

Please list any allergies _____

Please list any medications currently being taken _____

Please list any specific instructions or medical directions pertaining to this individual _____

Family Physician's Name _____ Physicians Phone # _____

Family Dentist's Name _____ Dentist's Phone # _____

Medical Insurance Information

Name of Medical Insurance Company _____ Name of Insured _____

Insurance Company's Phone # _____ Group or Policy # _____

(Please attach a copy of your insurance card)

Parent/Guardian Responsibility Notification

It is your responsibility as the parent or guardian of the minor child named on this document to notify First Baptist Church of Ruidoso, New Mexico of **any information change** regarding the safety and well being of the minor listed on this document between **the date this document is executed and December 31, 2018. This includes address or phone number changes, custody or guardianship status of the minor listed on this document, allergies, allergies to medication, and medication currently being taken or medication discontinued, insurance company coverage, insurance policy or group number since the last medical form on file.** It is your responsibility to check with First Baptist Church of Ruidoso, New Mexico to determine if the current document on file at First Baptist Church of Ruidoso, New Mexico contains all the current emergency and medical information criteria for the safety and well being of your minor child. Any information changes will require a new medical release document to be on file at the church.

Acknowledgement & Agreement of Rules

I will read the rules governing trips/events and I will discuss them with my minor child. I understand that if the above names child becomes a discipline problem, the above minor child will be sent home at the expense of their parent or legal guardian.

Functions & Activities Notification

It is my understanding that participating in the programs, recreational and other activities of First Baptist Church is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with the activities, including, by way of example, physical injury due to activity-related accidents, physical injury due to transportation-related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware. I understand that at some church function I or my child may ride in a private vehicle. **Some activities have only one adult present. (Signing this waiver releases your student or child to participate in these and other activities with full knowledge that there may not be two adults present at all times.)**

Public Notification

On occasion, First Baptist Church of Ruidoso, New Mexico takes photographs or makes an audio or videotape recording of children and/or adults involved in activities. Such photographs or video records may be used by staff and participants to remember the activities and participants. In addition, such photographs and audio/visual recordings may be used in First Baptist Church publications or advertising materials to let others know about our ministries. In addition, other Christian organizations and news organizations may hear of our activities or events, and our church may invite or allow them to photograph or record our events for ministry or news reporting on special interest features. I consent to the use of any such audio or visual record of the child named on this document, (or self) to be used, distributed, or displayed as agents of the church see fit. This consent includes but is not limited to: photographs, videotape, and audio recordings. Furthermore, I give permission for the child (or self) to be interviewed by other Christian organizations or the news media, and for such photographs and other audio or visual records to be used by other Christian organizations or the news media.

Medical Treatment Authorization & Release of Liability

By execution of this document, I hereby grant to the pastors or any other adult approved by ministry of First Baptist Church of Ruidoso, New Mexico, individually and separately, my permission and the right and power to consent to medical and surgical treatment during an emergency involving an immediate danger to the health and safety of my minor child (or self) named in this document in the event I cannot be reached in an emergency. I also hereby give my permission to the physician, hospital, emergency personnel, or clinic selected by a Pastor, or an adult selected by him, or a representative of First Baptist Church of Ruidoso, New Mexico, individually or separately, to administer or order injection, surgery, or other medical treatment that may be necessary to insure the health, well being and safety of the minor child (or self) named in this document. I also authorize the proper emergency person or persons selected by the above named on this document. I also authorize the proper emergency person or persons selected by the above named, individually and separately, the right to transport or authorize transport for my minor child at their discretion in case of emergency. I also give them the authority and power to execute any forms and documents necessary to authorize the medical and surgical treatment to my minor child named in this document, in the event that the other conditions contained in the paragraph have been met. I grant the above permission to be in effect from the date this document is executed through December 31, 2018. **I also realize it is my responsibility to update any information that changes in this document should it change anytime between the date this document is executed and December 31, 2018.**

School Visitation Notification

I understand our pastors may visit my child's school campus, or at a school function. I authorize our pastors to visit my child on his/her school campus or at any other school function.

Signature Acknowledgement & Notary Public

By signing below, you are acknowledging all sections of this document.

Parent or Guardian Signature, if minor

Date

Subscribed and sworn before me this _____ day of _____, 2018

Notary Public

My Commission Expires _____

(Seal)