

**Fellowship Bible Church**  
121 Mud Creek RD  
Troy, PA 16947  
Phone: (570) 297-4818

Students first and last Name: \_\_\_\_\_

## Medical Information & Permission Form

(for all Students under the age of 18)

Effective Oct. 1, 2018 through Oct. 1, 2019

**THIS FORM MUST BE COMPLETED BY A PARENT OR GUARDIAN**

(PLEASE PRINT CLEARLY)

Teens Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Teens Home Phone: (\_\_\_\_) \_\_\_\_\_ Student's Cell: (\_\_\_\_) \_\_\_\_\_ Student's Email: \_\_\_\_\_

Check one:  Male  Female School District you live in: \_\_\_\_\_ Grade: \_\_\_\_\_ (fall of 2018)

Check one:  Public School  Home School  Private School (School Name: \_\_\_\_\_)

Parent(s)/Guardian(s) Name(s): \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

If parent/guardian not available in an emergency, please notify one of the following persons:

1. Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Does this child have any medical/health problems or any chronic/recurring illness or illnesses, which would have an effect on the child's participation in activities sponsored by this church?  No  Yes If yes, please describe:

Is there medical or hospitalization insurance which provides benefits for this child?  No  Yes If yes, please indicate:

Name of Insurance Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Policy Number: \_\_\_\_\_

### MEDICAL/INSURANCE AUTHORIZATION:

I understand that this Medical Information & Permission Form is effective from the date of October 1, 2018 through October 1, 2019 and that it is my personal responsibility to report any changes in the information I have provided directly to the church office at (570) 297-4818. I further understand that, in the event my child requires medical or dental treatment while engaged in church activities, reasonable efforts will be made to contact me; however, if I cannot be reached, I hereby consent and give permission to this church's youth sponsors or any adult counselor acting on behalf of this church, as an agent for me, to consent to any x-ray examination; injections; anesthesia; medical, dental or surgical diagnosis treatment; and hospital care and treatment advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under laws of the state where the services are rendered, either as an outpatient or in any hospital. To the best of my knowledge, I have listed above all of my child's medical allergies, medical problems and other pertinent information.

Printed Name of Parent/Legal Guardian: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### EVENT PARTICIPATION AUTHORIZATION:

I am the parent or legal guardian of \_\_\_\_\_ and I am informed of the activities offered by Fellowship Bible Church, located in Troy, PA beginning on the date of October 1, 2018, and ending on the date of October 1, 2019.

Please initial the statement below:

\_\_\_\_ As the parent or legal guardian of my child, I consent for my child to attend and participate in all activities provided by this church.

Printed Name of Parent/Legal Guardian: \_\_\_\_\_

Signature of Parent/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**LIABILITY RELEASE:** In consideration of Fellowship Bible Church allowing the Participant to participate in children/youth ministry (Sunday worship, Sunday meeting, Activities, Events, Retreats, , Trips) and childcare, I, the undersigned, do hereby release, forever discharge and agree to hold harmless Fellowship Bible Church, its pastors, directors, employees, volunteers and teachers (collectively herein the “Church”) from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the Participant while involved in the children/youth activities and childcare. I the parent or legal guardian of this Participant hereby grant my permission for the Participant to participate fully in children/youth ministry activities and child care, including trips away from the church premises. Furthermore, I, on behalf of my minor Participant, hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. The undersigned further hereby agrees to hold harmless and indemnify said Church for any liability sustained by said Church as the result of the negligent, willful or intentional acts of said Participant, including expenses incurred attendant thereto.

\_\_\_\_\_ x \_\_\_\_\_  
Name of youth participant                                  Signature of youth participant                  Date

\_\_\_\_\_ x \_\_\_\_\_  
Name of parent/guardian                                  Signature of parent/guardian                  Date

**TRANSPORTATION PERMISSION:** The undersigned does also hereby give permission for my child/youth to ride in any vehicle driven by an approved and licensed ADULT chaperone while attending and participating in activities sponsored by said Church. My child/youth and I understand that SEAT BELTS MUST BE WORN AT ALL TIMES during transportation.

\_\_\_\_\_ x \_\_\_\_\_  
Name of youth participant                                  Signature of youth participant                  Date

\_\_\_\_\_ x \_\_\_\_\_  
Name of parent/guardian                                  Signature of parent/guardian                  Date

**CHURCH PHOTO RELEASE FORM FOR CHILDREN AND YOUTH:**  
I agree that Fellowship Bible Church may photograph and record my child/dependent’s likeness and activities (Images)<sup>1</sup> during church-related activities. I grant the following rights to Fellowship Bible Church: permission to use and re-use, publish and re-publish, and modify or alter the Image(s) taken during the shoot. Use of the Images for editorial, commercial, trade, advertising, and any other purpose may be done in any medium now existing or subsequently developed, on the church website and on the Internet, and worldwide in perpetuity for the purposes stated above.

I waive my right to inspect or approve any editorial text or copy that is used in connection with the Images and release and discharge Fellowship Bible Church from any and all claims arising out of use of the Images for the purposes described above, including any claims for libel, invasion of privacy, or other tortuous act.

I have read the foregoing. I fully understand its contents, understand that this agreement does not expire, and confirm my agreement by signing below. I am over the age of 21 and have legal capacity to sign the release.

\_\_\_\_\_ x \_\_\_\_\_  
Name of youth participant                                  Signature of youth participant                  Date

\_\_\_\_\_ x \_\_\_\_\_  
Name of parent/guardian                                  Signature of parent/guardian                  Date

<sup>1</sup> Image means all photographs, film, or other recordings taken of you as part of the Shoot.

**If you have any questions regarding this form, please call Fellowship Bible Church at 570-297-4818.**

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