

2019 Student Ministry Medical Release Form

This document is for the McGregor Student Ministry's trip/events that take place within the 2019 calendar year

1. Pursuant to the provision of Florida law, I the undersigned, legal guardian of _____, a minor, do hereby authorize, as agents, the adult supervisors of the student ministry department of McGregor Baptist Church of Fort Myers, Florida, to consent to any diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any licensed physician and/or surgeon. It is understood that this authorization is given in advance of any specific care being required, but is given to provide authority to give care which physician may, in the exercise of his/her best judgment, deem advisable, based upon such circumstances as exist, including but not limited to any emergency.
2. I hereby authorize that the McGregor Baptist Church, adult supervisors or volunteers who have training as Emergency Medical Technicians or Registered or Licensed Nurses to perform care upon my child in accordance with the level of training they have received as deemed necessary by them.
3. I hereby authorize any hospital which has provided treatment to the above named minor to surrender physical custody of such minor to any adult supervisor or agent of McGregor Baptist Church upon completion of treatment. This authorization is given pursuant to Florida Law.
4. On behalf of myself as parent and guardian on behalf of my minor child, I hereby release McGregor Baptist Church of Fort Myers, Florida and its' agents and employees (both paid and volunteer staff) from liability in case of accident or injury even if resulting from the negligence of an agent or employee of McGregor Baptist Church.
5. I hereby request McGregor Baptist Church to carry out discipline determined to be necessary for my child as deemed appropriate under the circumstances and I release McGregor Baptist Church and its agents and employees from claims for damages and from any liability for any such discipline. I also agree to pay the expenses of my child's trip home because of disciplinary action should such action be deemed appropriate by McGregor Baptist Church.
6. These authorizations shall remain effective until revoked in writing and delivered to said agent with the understanding that participation in the requested activity may take place only with a fully executed form in the possession of McGregor Baptist Church.

STUDENT INFORMATION

Name: _____ Social Security #: _____
Address: _____ City: _____
State: _____ Zip: _____ County: _____ DOB: _____

MEDICAL INFORMATION: (Please check and specify any past history or condition on back of form)

____ Allergies ____ Asthma ____ Diabetes ____ Heart Condition ____ Hypoglycemia
____ Epilepsy or other nervous disorder _____ other _____ Last year of Tetanus Shot

PARENT/GUARDIAN INFORMATION:

Parents name(s) _____
Home Phone (_____) _____ Cell Phone (_____) _____
Medical Insurance Carrier _____ ID# _____

Parent Signature: _____ **Date:** _____

I, _____, will be attending a McGregor Baptist Church Summer Camp Trip. I acknowledge the fact that I am physically able to participate in the related events/activities. I hereby authorize McGregor Baptist Church to act for me according to their best judgment in any emergency requiring medical attention. I acknowledge that I will be responsible for any cost (through medical insurance or otherwise) incurred due to sickness or injury to myself. I hereby waive any claim and forever discharge McGregor Baptist Church, its agents, servants, and all other persons, firms, and corporations whomsoever of and from any and all actions, claims, casualty, and/or event which might occur while on or off the premises of McGregor Baptist Church.

I am over eighteen years of age, and legally competent to execute this Waiver of claims.

I am the legal guardian of a minor participating on the mission trip.

SIGNATURE: _____

(Note: Do not sign ahead of time. Notary must witness signature.)

NOTARY

Signed this _____ day of _____, _____
YEAR

Sworn to and subscribed by me this _____ day of _____, _____
YEAR

Signature of Notary Public: _____

My Commission Expires: _____

Personally, known to me _____ or produced Driver License # as identification.

Driver's License # _____