

# 2017-2018 Taylors First Baptist Church Students Permission & Medical Release Form

Student's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

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

\*Student's Social Security Number: \_\_\_\_\_

Doctor's Name & Phone Number: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications Currently Taking: \_\_\_\_\_

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

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

\*Parent's/Guardian's Social Security Number: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Parent Cell Phone #: \_\_\_\_\_

Emergency Contact Name (other than parent) & Contact #: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

\*Please be informed that in the event of an emergency, medical care may be refused by hospital/doctor if social security numbers are not included on this form.

## General Release/Hold Harmless Agreement

As the parent or legal guardian of the above student:

- 1) I acknowledge that the student above desires to participate in the programs, events or activities (hereinafter collectively referred to as "Activities") operated, sponsored or attended by Taylors First Baptist Church (hereinafter referred to as the "Church") and Taylors Students of Taylors First Baptist Church.
- 2) I acknowledge that participating in the activities operated, sponsored or attended by the Church and Taylors Students will frequently involve transportation to and from various locations.
- 3) I hereby give consent for the above student to participate in the Activities and authorize the Church and Taylors Students to transport the above student to and from various locations for the activities.
- 4) I give permission for the above student to ride in any vehicle, deemed suitable by the adult in whose care the above student has been entrusted, while attending and participating in activities operated, sponsored or attended by the Church and Taylors Students.
- 5) In the event the above student is injured while participating in activities or while being transported, I do hereby authorize and consent to any X-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care rendered under the general supervision and the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.
- 6) I acknowledge the undersigned shall be liable and agree to pay all cost and expenses incurred in connection with any such medical and dental services rendered to the above student pursuant to this Authorization.
- 7) I understand that should it be necessary for the above student to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.
- 8) In consideration of the Church and Taylors Students allowing the above student to participate in activities, I do hereby release and forever discharge the Church, Taylors Students, their officers, director, employees, agents and any parties volunteering on behalf of the Church or Taylors Students from all actions, claims, damages, costs, expenses, or damages of any nature whatsoever arising from or in connection with participation in or transportation to or from activities.
- 9) As the undersigned, I understand it is my responsibility to update the Emergency Information contained in this Permission & Medical Release Form as necessary.
- 10) I consent and give my permission for the Church and Taylors Students to use any photographs and/or videos of the above student for use in Taylors Students and/or any promotional material for the Church and Taylors Students

**\*\*DO NOT SIGN BELOW UNTIL NOTARY IS PRESENT.\*\***

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Print Name of Parent/Guardian

\_\_\_\_\_  
Date

## Notary Public

**Witness my hand & official seal this date:** \_\_\_\_\_

On this date the person(s) who are signed above personally appeared before me in my presence and executed this authorization and medical release form.

\_\_\_\_\_  
Notary Signature & Date

\_\_\_\_\_  
Date My Commission Expires

NOTARY SEAL



# Health & Liability Release

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**Dear Group Leader:** Please make copies of this health form and hand out to each guest attending. These forms are required for attendance and will be collected on arrival day upon check-in.

**Dear Guest:** The group leader is required to bring all forms to the retreat session. Look Up Lodge is required to keep forms on file. Look Up Lodge general staff does not review health information. This form is given to emergency personnel ONLY, if and when needed. Please provide changes upon arrival.  
(or parent/guardian of guest under 18)

## Group/Church Information

Name \_\_\_\_\_

City, ST \_\_\_\_\_

## Dates of Attendance

Start: \_\_\_\_\_

Finish: \_\_\_\_\_

## Guest Information

\_\_\_\_\_ First Time Look Up Lodge Guest      Gender: \_\_\_\_\_ Male      \_\_\_\_\_ Female      Age: \_\_\_\_\_

Guest Name: \_\_\_\_\_ Birth Date \_\_\_\_\_  
*First Middle Last*

Home Phone \_\_\_\_\_ Office Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_  
*Street Address City ST Zip*

## Custodial Information for Guests Under 18

Parent/Guardian Name \_\_\_\_\_  
*First Middle Last*

Home Phone \_\_\_\_\_ Office Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
*(If Different from Above) (If Different from Above) (If Different from Above)*

Home Address \_\_\_\_\_  
*(If Different from Above) Street Address City ST Zip*

Name of Additional Emergency Contact: \_\_\_\_\_ Relationship \_\_\_\_\_

Home Phone \_\_\_\_\_ Office Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## Insurance Information

Is guest covered by family medical/hospital insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, indicate carrier or plan name \_\_\_\_\_ Group # \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_ Relationship to patient \_\_\_\_\_

Effective Date of Coverage \_\_\_\_\_

Guest insurance is primary. All medical costs will be filed with above stated insurance provider and/or are the responsibility of the guest or parent/guardian of guest under 18. Look Up Lodge does not provide primary insurance. No assumption of such coverage should be made. \_\_\_\_\_ **Initial Here**

➤ Please photocopy the front and back of health insurance card and staple it to this form.

## Important Medical & Allergy Information

Does the patient have any allergies? \_\_\_\_\_ Yes \_\_\_\_\_ No      Date of last Tetanus shot \_\_\_\_\_

Medication allergies \_\_\_\_\_ Reaction/Management \_\_\_\_\_

Food Allergies \_\_\_\_\_ Reaction/Management \_\_\_\_\_

Insect stings \_\_\_\_\_ Reaction/Management \_\_\_\_\_

Dander/Hay Fever/Asthma \_\_\_\_\_ Reaction/Management \_\_\_\_\_



# Health & Liability Release

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## Nutrition

The following nutritional restrictions apply:

\_\_\_\_\_ Red Meat \_\_\_\_\_ Pork \_\_\_\_\_ Dairy \_\_\_\_\_ Poultry \_\_\_\_\_ Seafood \_\_\_\_\_ Eggs  
\_\_\_\_\_ Other (Describe) \_\_\_\_\_

## Medications

Please list ALL medications (including over-the-counter or non-prescription drugs) taken routinely. Bring enough medication to last during entire stay at Look Up Lodge. Keep medication in original packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

Med# 1 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_

Reason for taking \_\_\_\_\_

Med# 2 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_

Reason for taking \_\_\_\_\_

Please attach additional pages for any other medications taken in the last 6 months.

Look Up Lodge does not gather or administer guest medications. These as well as dietary restrictions are the responsibility of the group leader. Group Leader must be aware of these meds/restrictions. \_\_\_\_\_ **Initial Here**

Please read section below carefully. This section must be signed in order for guest to attend.

## Guest/Parent/Guardian Agreement & Liability Release

### Liability Release

It is expressly desired that guest described herein be an active participant in the activities of their retreat session. Guest is believed to be in satisfactory health and free from communicable disease. **Any participation limitations (i.e. food, drink, activities) must be communicated to and are the responsibility of the group leader, NOT Look Up Lodge staff.** It is understood that there are certain risks involved in the nature of retreat activities. It is understood and agreed that Look Up Lodge shall not be responsible or legally liable for any losses of personal property or for any bodily injuries (or the results thereof) incurred and suffered by guest in connection with their retreat session, unless such loss or injury results directly from the negligent or willful act of any Look Up Lodge staff acting within the scope of their employment.

### Medical Release

In the event I (guest or parent/guardian of guest under 18) cannot be reached or am rendered unconscious, I hereby give permission to the physician selected by \_\_\_\_\_ (group leader) to hospitalize, secure proper treatment for, order injections, anesthesia and/or surgery for myself/my child in case of an emergency.

### Photo Release

By signing consent form, I (guest or parent/guardian of guest under 18) am giving Look Up Lodge permission for any photos or videos taken of myself/my child for the duration of my/my child's stay to be used at Look Up Lodge's discretion in any of their promotional venues.

### Mailing List Release

I (guest or parent/guardian of guest under 18) give Look Up Lodge permission to add me to their mailing list.

### Parental Agreement (if guest is under 18)

I give my child permission to attend this retreat session at Look Up Lodge and participate in all camp related activities.

By signing below, I (guest or parent/guardian of guest under 18) agree and consent to all above stated.

Signature of Guest (or parent/guardian of guest under 18) \_\_\_\_\_

Printed Name \_\_\_\_\_ Relationship \_\_\_\_\_ Date \_\_\_\_\_

Email address \_\_\_\_\_ (personal)

Email address \_\_\_\_\_ (office)

