



WE'RE ABOUT LIFE

Medical Information Form

Child's Name _____ Date of Birth _____ Age _____

Child's Name _____ Date of Birth _____ Age _____

Child's Name _____ Date of Birth _____ Age _____

Address _____

City _____ State _____ Zip _____

Parent or Legal Guardian _____ Cell Phone _____

Parent or Legal Guardian _____ Cell Phone _____

Emergency Contact _____ Cell Phone _____

Insurance Carrier _____ Policy Number _____

Phone Number _____ Primary Insured _____

Medical History / Allergies

(Please list below any medical conditions or allergies we need to be aware of - Clearly clarify each child separately)

Medication - Additional Form May be Required

(Please list below any medications your child is currently taking - Clearly clarify each child separately)

Kingwood First Baptist Church Waiver, Release and Agreement of Expectations

For your information, we expect each student to conform to these rules of conduct:

No possession or use of vaping, alcohol, drugs, or tobacco.

Students will not be allowed to drive any vehicle without pre-arranged approval and can only transport those who have permission to ride with them.

No fighting, weapons, fireworks, lighters, or explosives.

No offensive or immodest clothing.

No boys in girls' sleeping quarters and no girls in boys' sleeping quarters. Participation with the group is expected.

Respect property.

Respect one another, staff, and adult leaders.

Respect and comply with event schedules.

No pranks of any kind / No games that include a wager of any kind

Students who fail to comply with these expectations may be sent home at their parents' expense.

I, the student, have read the rules of conduct and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Student signature: _____ Date: _____

Student signature: _____ Date: _____

Student signature: _____ Date: _____

Activities may include, but are not limited to: athletic games or events, recreation type games or events, overnight camps, retreats or missions, Bible study, mission and service related labor *NOTE: If you desire to limit your child's participation in any event, please submit your wishes to the church prior to that event.*

NAME OF STUDENT(S)

has / have my permission to attend ALL youth activities sponsored by Kingwood First Baptist Church, Kingwood, Texas.

This consent form gives permission to seek whatever medical attention is deemed necessary and releases the Church and its staff of any liability against personal losses of named child. **I also give consent and permission for the use of photographs of myself, my family and/or my child taken while at church activities to be used for the promotion of KFBC on their web page, social media, videos, or printed materials.

I, the undersigned have legal custody of the student named above, a minor, and have given my consent for him/her to attend events being organized by the Church. I understand that there are inherent risks involved in any ministry or athletic event, and I hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my child's involvement. In the event that he/she is injured and requires the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I affirm that the health insurance information provided above is accurate at this date and will, to the best of my knowledge, still be in force for the student named above. I also agree to bring my child home at my expense should they become ill or if deemed necessary by the student ministries staff member.

Parent/guardian signature: _____ Date: _____

Note: Please attach a front and back copy of your medical insurance card.