

# Children's 2009 Medical and Surgical Waiver

*First Baptist Church, San Antonio*

515 McCullough, San Antonio, Texas 78215

(210) 226-0363

## **INSTRUCTIONS:**

The 2009 Medical and Surgical Waiver will apply to all children's events, trips, and projects from January 1, 2009 through December 31, 2009. It will give First Baptist Church an adequate, current, and usable record of each student's medical information, and will give hospitals information they need to have, including parental permission, in case any student needs medical attention. Please be thorough with each answer. It is the responsibility of the parent or guardian to keep this information current. After completing the form, have it notarized on the back. Many hospitals require notarization.

## **PERSONAL INFORMATION:**

Participant's Name \_\_\_\_\_ Birthday \_\_\_\_\_

Age \_\_\_\_\_ School Grade \_\_\_\_\_ Gender Male \_\_\_\_\_ Female \_\_\_\_\_

Parents' Names \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Father's Cell Phone \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_

If not available in an emergency, notify:

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

## **MEDICAL INFORMATION:**

Family Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Name of Dentist or Orthodontist \_\_\_\_\_ Phone Number \_\_\_\_\_

### **Health History**

(Check if applicable. Give approximate dates.)

\_\_\_\_\_ Frequent Ear Infections \_\_\_\_\_

\_\_\_\_\_ Heart Defects/Disease \_\_\_\_\_

\_\_\_\_\_ Convulsions \_\_\_\_\_

\_\_\_\_\_ Diabetes \_\_\_\_\_

\_\_\_\_\_ Bleeding/Clotting Disorders \_\_\_\_\_

\_\_\_\_\_ Hypertension \_\_\_\_\_

\_\_\_\_\_ Disability \_\_\_\_\_

\_\_\_\_\_ Any activity limited by doctor \_\_\_\_\_

Specify: \_\_\_\_\_

Allergies (Dates not needed.)

\_\_\_\_\_ Hay Fever

\_\_\_\_\_ Ivy Poisonings, etc.

\_\_\_\_\_ Insect Stings

\_\_\_\_\_ Penicillin

\_\_\_\_\_ Asthma

\_\_\_\_\_ Other (Specify) \_\_\_\_\_

Special diet as medically needed (specify here): \_\_\_\_\_

Recent hospitalization: \_\_\_\_\_

Current Medications (send with instructions) to be given to the Children's Director: \_\_\_\_\_

Current Immunization (give date, or write "Current"): Tetanus \_\_\_\_\_ Polio \_\_\_\_\_

Date of last physical exam: \_\_\_\_\_

**Additional Health Information:** Please be sure to include anything about your child's health that may be life threatening. We need to know in order to give the proper medical treatment if this becomes necessary. The church will not be held responsible if you fail to notify us on this form of any such medical condition.

**MEDICAL INSURANCE:**

Company Name \_\_\_\_\_

Policy Number \_\_\_\_\_ Phone Number \_\_\_\_\_

Check here if participant has NO Medical Insurance \_\_\_\_\_

**WAIVER: TO BE FILLED OUT BY PARENTS OR LEGAL GUARDIANS OF PARTICIPANTS UNDER 18 YEARS OF AGE**

I, \_\_\_\_\_ the parent and/or legal guardian of \_\_\_\_\_  
A minor, hereby acknowledge that said minor is presently under my care, custody, and control. I hereby give my child, the said minor, permission to participate in any and all activities at and with First Baptist Church of San Antonio, Texas, in which he/she, with my approval, registers to participate.

I further expressly grant my permission for my child to participate in all activities while an active participant on trips and church events. In the event that there rises an emergency, necessitating medical, surgical attention, I hereby consent and give my permission to the First Baptist staff, its representatives, or the sponsors, or any attending physicians, to make such decisions and to perform such medical treatments and/or surgery upon said minor which may in their sole discretion be necessary and proper under the circumstances. I, the undersigned parent and/or legal guardian of said minor, do release, acquit, discharge, and covenant to indemnify and hold harmless First Baptist Church or its representatives, or the sponsors, or any attending physician, from any and all actions and causes of actions, related risks and dangers, including negligence, damages, liabilities arising out of the treatment of any sickness or accident, and financial responsibility for all medical treatment of any sickness or accident, and financial responsibility for all medical treatment provided during the attendance of any trips.

I also assume responsibility for providing transportation home from the event location should it be necessary for disciplinary reasons.

Parent's or Legal Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**FORM MUST BE NOTARIZED**

Sworn and subscribed before me a NOTARY PUBLIC this \_\_\_\_\_ day of \_\_\_\_\_, 2009.

\_\_\_\_\_ Notary Public

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