



fbcf student ministry
2008
medical, transportation,
publicity and liability
release form

PLEASE PRINT ALL INFORMATION

By signing this form I:

- (1) give permission for my son/daughter to attend student activities sponsored by FBC Friendswood.
- (2) give permission for my son/daughter to ride in church authorized transportation.
- (3) give my authority and consent to secure medical aid for my son/daughter should it be necessary.
- (4) acknowledge that I understand if my son/daughter's conduct becomes uncontrollable or if he/she breaks any of the rules, then he/she will be sent home at the expense of the parent/guardian, without a refund.
- (5) acknowledge that I understand that FBC Friendswood (includes employees and volunteers) will not be held liable for any injury that may happen to my son/daughter while on a student ministry sponsored event.
- (6) acknowledge that I understand that FBC Friendswood (includes employees and volunteers) will not be held liable for any injury that my son/daughter may cause to someone else while on a student ministry sponsored event.
- (7) **DO/DO NOT** (circle one) give permission for my son/daughter to be photographed and/or interviewed and for this information to be published in FBC Friendswood Student Ministry publications.

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Date

Student Info:

Last Name _____ First _____ Male/Female _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell _____ Date of Birth _____

E-Mail _____ Grade as of May 1, 2008 _____

Parent Info:

Last Name Parent/Guardian _____ First _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ E-Mail _____

Mother/Guardian Place of Employment _____

Business Phone Number _____ Cell _____

Father/Guardian Place of Employment _____

Business Phone Number _____ Cell _____

Please fill out the following information:

Date _____ Student Name _____

Is your son/daughter covered by medical/hospitalization insurance? Yes ___ No ___

If yes, the following information is necessary:

Name of Insured Parent _____

Insurance Company Name _____

Insurance Company Address _____

Insurance Group # _____ Policy # _____

Social Security Number of Primary Insured Parent** _____

**YOU MUST ATTACH A COPY OF YOUR
CURRENT INSURANCE CARD**

Alternate Emergency Contact _____

Relation/Phone Number _____

Alternate Emergency Contact _____

Relation/Phone Number _____

Please list any allergies, medications, special problems or needs:

**Insured parent social security number REQUIRED to obtain medical treatment.