



# First Baptist Church Texarkana

## 2025 Medical Consent & Liability Release

Student Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_  male  female  
Father: \_\_\_\_\_  
Phone (home): \_\_\_\_\_ work: \_\_\_\_\_ cell: \_\_\_\_\_  
Mother: \_\_\_\_\_  
Phone (home): \_\_\_\_\_ work: \_\_\_\_\_ cell: \_\_\_\_\_

### Medical Information

- Allergies (medications, insect stings, foods, etc): \_\_\_\_\_
- Physical limitations or special conditions: \_\_\_\_\_
- Medications taken regularly:

Name	Dosage	Frequency	For What Condition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
- Is your student under a physician's care at this time?  yes  no If yes, please explain \_\_\_\_\_

You may choose to call the Student Minister and discuss any of these questions personally rather than give this information on this sheet. Your privacy will be respected. In the event that your student becomes ill, are there any other medical conditions we should be concerned about?

yes  no If yes, please describe: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

I am the parent and/or legal guardian of \_\_\_\_\_ and hereby acknowledge that he/she is under my care, custody, and control. In the event there arises an emergency necessitating medical/surgical attention, I expressly grant my permission and consent to the First Baptist Church staff, its representatives and sponsors, to make such decisions and to perform such medical treatments and/or surgery upon my child listed above which may in their sole discretion be necessary and proper under the circumstance. I, the undersigned parent and legal guardian of above mentioned child, do release, acquit, discharge, and covenant to indemnify and hold harmless First Baptist Church or its representatives or the sponsors, from any and all actions, causes of actions, related risks and dangers, including negligence, damages, and liabilities arising out of the treatment of any sickness or accident, and any financial responsibility for all medical treatment provided.



**Liability Waiver**

I release Texarkana’s First Baptist Church, its agents, and employees, from any claims or causes of action arising from or connected with transportation to and from such activities as sponsored by First Baptist Church Texarkana.

In consideration for our child participating in the Fusion Ministry activities we, (I) being 21 years of age or older, do for ourselves (myself) (and for and on behalf of my child-participant if said child is not 21 years of age or older) do hereby release, forever discharge and agree to hold harmless First Baptist Church and all the employees, representatives, or agents thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in the Fusion Ministry activities.

Furthermore, we (I) (and on behalf of our (my) child participant if under the age of 21 years) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

Further, authorization and permission is hereby given to said church to furnish any necessary transportation, food and lodging for this participant.

The undersigned further hereby agree to hold harmless and indemnify said church, employees, representatives, and agents, for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

**Property Damage, Transportation, for Discipline Reasons and Personal Property Searches**

I also assume financial responsibility for any damage my child may cause, and for providing transportation home should it become necessary for disciplinary reasons.

I also give my permission to the First Baptist Church staff to search my child’s personal belongings, including but not limited to all luggage, purses, and backpacks, if deemed necessary on rare occasion for security reasons.

**Right to Video**

I give the Fusion Student Ministry the right to use video or still shot photography of my student in any appropriate promotional or publicity use.

**Duty to Update**

The parent or legal guardian agrees it is their responsibility to update the information continued herein in writing to the Fusion Student Ministry Office.

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

\_\_\_\_\_  
Date

**SUBSCRIBED AND SWORN TO BEFORE ME** on this \_\_\_\_ day of \_\_\_\_\_, 2025 to certify which witness my signature and official seal.

\_\_\_\_\_  
Notary Public, State of Texas

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
My commission expires: