## First Baptist Church of San Mateo Student Ministries

Address City Cell Phone ( ) School Attending Church Nouth Leader/Pastor  IN CASE OF EMERGENCY NOTIFY Family Doctor HEALTH HISTORY:  Drug Allergies Environmental Allergies Environmental Allergies Environmental Allergies Environmental Allergies Asthma Seizure Disorder Seizure Disorder Seizure Disorder If any of the above are checked, please give a details (i.e. include preferred treatm  Date of last tetanus shot:  Any Swimming Restrictions? Yes No Any Swimming Restrictions? Yes No If your student should require medical attention on the trip for injuries received or illing the necessary information to give your student proper medial service during our trip.  First Baptist Church Insurance is only Secondary Insurance. If you have medical insurance insurance.	State Zip Home P School Attending Youth Leader/Pastor En  Youth Leader/Pastor En  Youth Leader/Pastor En  Youth Leader/Pastor En  Heart Condition Behavior Disc  Asthma Seizure Disorder Stomach Prol  Diabetes Other Other  Sage, and frequency of any medications that must be taker  Activity Restrictions: Yes No What Restrictions?	State   Zip   Home Phone ( )     School Attending   Fmail   Grade     Youth Leader/Pastor   Email   Grade     Youth Leader/Pastor   Phone ( )   Phone ( )
City Cell Phone ( ) Cell Phone ( ) Cell Phone ( ) Church  IN CASE OF EMERGENCY NOTIFY Family Doctor HEALTH HISTORY: Food Allergies Food Allergies Environmental Allergies Insect Stings If any of the above are checked, please give a de Date of last tetanus shot: Name, doss  Any Swimming Restrictions? Yes No Any Swimming Restrictions? Yes	State Zip	Trip: Jr. High Sr. High  Home Phone ( )  Fmail  Phone ( )  Standard Handicap  Stomach Problems  Other  Other  St that must be taken regularly or as needed:  What Restrictions?
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Insurance Company Address	2	Policy Number
Please initial if you would like this medical information to MEDICAL RELEASE:	to remain completely confidential.	and regions
In the event I cannot be reached in an emergenc San Mateo staff members to administer appropria student, as named above. The signature of the po	ncy duing the trip dates as shown on this form, I herby give permissic iate medical treatment, and/or injection, aesthesia, or any other ne parent or guardian below is intended to serve as a medical release	In the event I cannot be reached in an emergency during the trip dates as shown on this form, I herby give permission to the doctor selected by FBC San Mateo staff members to administer appropriate medical treatment, and/or injection, aesthesia, or any other necessary treatment for my student, as named above. The signature of the parent or guardian below is intended to serve as a medical release.
Parent or guardian's signature		Relationship to student
(You may sign your own Release if you are age 18 or older)		
	ome No.	

## **BOTH SIDES MUST BE FILLED OUT AND SIGNED**

First Baptist Church of San Mateo  $\sim 2801\,$  Alameda, San Mateo, CA, 94403  $\sim (650)345-1965\,$  www.fbcsanmateo.org

## First Baptist Church of San Mateo Student Ministries

Participation, Release, Waiver, and Indemnity Agreement

l, the undersigned, give permission for my son or daughter to participate in the activities that occur on this trip include, but are not limited to, swimming, hiking, bike-riding, skiing, snowboarding, waterskiing, surfing, riverrafting, and participation in strenuous competition games. I grant this permission will full knowledge that I with First Baptist Church of San Mateo (FBCSM), and on or around the destination of this trip. This activities accept full responsibility for any injury or accident that may occur

## Policy of Student Conduct at a FBCSM Student Ministries Sponsored Event:

while on the premises of FBCSM or at Sponsored Events. FBCSM requires parents to ensure that no illegal or inappropriate with the authorities (if required by law) will then be notified immediately. At that point, the parents or legal guardian of subsequent participation in FBCSM Student Ministries will be forfeited and will not be reinstated until FBCSM leadership. confronted and further participation in the Sponsored Event will cease. The student's parents or legal guardian, along FBCSM does not allow any illegal or otherwise inappropriate activities when under the supervision of FBCSM leadership substances (i.e. drugs, alcohol, or sexually explicit material) weapons, intentions or inappropriate behavior (i.e. sexual Sponsored Event. If FBCSM leadership determines that this rule has been violated, the student(s) will be immediately the student will be required to arrange and pay for the student's immediate transportation home. The student's activities, sexual harassment, abusive or violent behavior) are brought to or performed by anyone at an FBCSM working with the student and his or her parents, deems it appropriate

Parent or legal guardian's signatureDate_	Date
Print Name	Relationship to student
Student's signature	Date

If you have any questions or if FBCSM can assist you or your family in any way please contact us. First Baptist Church of San Mateo  $\sim$  2801 Alameda, San Mateo, CA, 94403  $\sim$  (650)345-1965  $\sim$  www.fbcsanmateo.org