

# 2025 **STUDENT** Medical/Liability Release

First Baptist Hennessey – Hennessey, OK

(Effective 01/01/2025 – 12/31/2025)

<b>STUDENT INFORMATION</b> <small>(PLEASE PRINT CLEARLY)</small>				
Student's <b>Last Name:</b>		<b>First Name:</b>		Parent/Guardian <b>First &amp; Last Name:</b>
Student's <b>Address:</b> <small>(if not at parent/guardian's)</small>			Parent / Guardian <b>Address:</b>	
Student's <b>email:</b>		City:	State:	ZIP Code:
Grade	Age:	Birth date: mm/dd/yyyy	Parent/Guardian <b>email:</b>	
Student's <b>Home</b> Phone No.:		Parent /Guardian <b>Cell</b> No.:	Parent/Guardian <b>Work</b> No.:	
Student's <b>Cell</b> Phone No.:				
<b>INSURANCE INFORMATION</b> <small>(provide updates during the year)</small>				
			<b>Provide copy of insurance card – front &amp; back</b>	
Name of Policy Holder:				
Health Insurance Company:				
Policy or Group Number:		Phone no.:		
Pre-certification Required?		Yes	No	Phone no.:
<b>STUDENT MEDICAL HISTORY</b>				
Primary Physician:			Phone No.:	
List all current <b>medication:</b>				
List any food/medication <b>allergies:</b>				
Date of last tetanus shot:				
Physical Restrictions:				
Dietary Restrictions:				
<b>IN CASE OF EMERGENCY</b>				
Name of local friend/relative <small>(not living at same address):</small>		Relationship to student:	Home Phone No.:	Cell Phone No.:
1.				( )
2.				( )
<b>Please continue</b>				

My student, \_\_\_\_\_ may be attending various events with First Baptist Hennessey during the year. I may not be attending events with my student. In the event that my student should need emergency medical attention, First Baptist Hennessey and/or any one of its agents or employees is hereby authorized to provide such emergency medical care, including without limitation; medical, dental, surgical care or hospitalization, to my student as recommended or suggested by a physician, nurse, surgeon, or other healthcare professional.

If such emergency care is provided, I understand that my student's health insurance and healthcare information will be provided to the healthcare professional and healthcare institution providing care for my student. I further understand that any expense not covered by my student's medical insurance shall be my responsibility. I understand that First Baptist Hennessey will not be obligated to pay either the healthcare professional or me for any medical expenses incurred on behalf of my student.

First Baptist Hennessey will not be liable for any sickness and/or injury incurred by the student during any event.

There are instances when third party contractors may be used to operate and supervise various events and activities. In those instances where third party contractors are used, First Baptist Hennessey is not responsible for the action of these third party contractors. First Baptist Hennessey is also not liable for the actions or activities of participants or sponsors participating in events or activities operated by third party contractors.

In consideration of my student being allowed to attend activities with or at First Baptist Hennessey, I, on behalf of my student, hereby waive any and all causes of action, rights of claims or suits which I or my child may have against First Baptist Hennessey, its agents, contractors or employees as a result of injury to my student or arising from the decision of First Baptist Hennessey, or its agents, contractors or employees to consent for provision of emergency medical care to my student.

I understand that my student may be included in video highlights during the course of the year and that pictures may be posted on our Student Ministry website and social media.

I give authority and permission to First Baptist Hennessey, staff and its agents to inspect my student's belongings while on activities, retreats or camps for the safety of my student, other students, staff and agents of First Baptist Hennessey and all other participants.

<b>Parent/Guardian Signature</b>	Date
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