



Medical and Liability Release
VALID UNTIL MAY 31, 2019

2118 W. Carson Street; Torrance, CA 90501
(310) 328-5030

For Office Use Only

Form Rec'd
Date: ___/___/___
Init.: _____

Required for ALL Pre-school through 5th grade students attending a
First Baptist Church of Torrance-Children's Ministries event.

Student's Name: _____ Birth Date: ___/___/___ Today's Date: ___/___/___
Print Last Name First Name

Address: _____ City: _____ Zip: _____

School: _____ Grade: _____ Age: _____ Male Female

Parent/Guardian Name: _____ Relationship to Student _____

Please provide contact information and check preferred initial contact number
Home: (____) _____
Work: (____) _____
Cell: (____) _____

In an emergency and parent/guardian cannot be reached, please notify:

Name: _____ Phone:(____) _____ Relationship to Student: _____

Health History:

- Allergies Heart Condition Behavior/Nervous Disorder
Insect Stings Chronic Asthma Physical Handicap
Frequent Upset Stomach Seizure Disorder Diabetes Other

If any of the above are checked, please give details (i.e. include normal treatment of allergic reactions)

Date of last tetanus shot: _____ Blood Type (if known) _____ Contact Lenses? Yes No

Name, dosage & frequency of ALL medications taken regularly or as needed: _____

If student requires aspirin or other medications, may an adult ministry leader administer it? Yes No

Preferred Aspirin Substitute (specify): _____ Any swimming or activity restrictions? Yes No

If "yes", please explain _____

First Baptist Church of Torrance's insurance is only secondary insurance. If you have medical insurance, your carrier will be billed for medical charges in case of illness or injury while you child is attending a First Baptist Church of Torrance Children's Ministries event.

Do you have Health Insurance Yes No Name of Insurance Company: _____

Insurance Company Address: _____ Policy number: _____

Primary insured person: _____ Doctor: _____ Phone:(____) _____

Dentist: _____ Phone:(____) _____

I have read and answered the questions above and, to the best of my knowledge, the information provided, is complete and accurate.

Parent/Guardian Signature _____ Date _____

BOTH SIDES MUST BE COMPLETED AND SIGNED



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Insurance Company Address: _____ Policy number: _____

Primary insured person: _____ Doctor: _____ Phone:(____) _____

Dentist: _____ Phone:(____) _____

I have read and answered the questions above and, to the best of my knowledge, the information provided, is complete and accurate.

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Medical and Liability Release
First Baptist Church of Torrance

If you or your child requires medical attention for pre-existing injuries or illnesses, please provide the necessary information to give you or your child the prescribed medical attention during an activity or trip. In the case of illness or injury, while you or your child is at an activity or trip, your medical insurance will be billed for medical charges. Any updates to your insurance policy must be provided to First Baptist Church of Torrance.

Authorization of Consent to Treatment:

I We, the undersigned, parent(s)/guardian of _____ (self or minor), do hereby authorize First Baptist Church of Torrance Children’s Ministry leaders as agent(s) for the undersigned to consent to any dental care, x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of any physician and surgeon licensed under the provision of the Medical Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable. This form is for any and all events, projects, ministries, small groups or trips involving First Baptist Church of Torrance. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required. The above authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California, and shall remain effective through the above named minor’s graduation from high school, unless sooner revoked in writing delivered to said agent(s).

Parent/Guardian Signature Date

Print Name Relationship to Student

Release of First Baptist Church of Torrance:

_____ (parent/guardian’s name) shall indemnify, hold free and harmless, assume liability for, and defend First Baptist Church of Torrance, its agents, servants, employees, officers, and directors from any and all costs and expenses including but not limited to, medical costs, attorney’s fees, reasonable investigative and discovery costs, court costs, and all other sums which First Baptist Church of Torrance, assertion of liability, or any claim or action founded thereon, arising or alleged to have arisen out of _____ (child’s name) use of real or personal property belonging to First Baptist Church of Torrance, as agents, servants, employees, officers, and directors, or by action or omission by _____ (child’s name). Also First Baptist Church of Torrance reserves the right to use any audio, video, and/or photography of guests and/or participants in First Baptist Church of Torrance facilitated events. **It is acknowledged that if you or your child has to return home early for discipline violations, it will be at your or the parent/guardian’s expense.** By signing this document, I acknowledge that I have had sufficient opportunity to read this entire document. I have read and understood it, and agree to be bound by its terms.

Parent/Guardian Signature Date

Print Name Relationship to Student

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If you or your child requires medical attention for pre-existing injuries or illnesses, please provide the necessary information to give you or your child the prescribed medical attention during an activity or trip. In the case of illness or injury, while you or your child is at an activity or trip, your medical insurance will be billed for medical charges. Any updates to your insurance policy must be provided to First Baptist Church of Torrance.

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