



Fellowship Missionary Baptist Church
Equip the Saints for Ministry

Code of Conduct/ Medical Liability Release Form

Please complete and return it at the time of check-in

I understand that it is the policy of Fellowship Missionary Baptist Church to prohibit the use of illegal drugs and alcohol during any church-sponsored event. The Fellowship Missionary Baptist Church Youth Leaders have permission to send my child home for any behavior deemed exceedingly disruptive to the event. I have discussed these issues with my child and we are aware of the consequences and are willing to comply as stated.

In the event of illness, injury, or other emergency involving my child, I understand that every effort will be made to contact me. If time is of the essence, or if I cannot be reached, I hereby give Fellowship Missionary Baptist Church, its officers, employees, staff and volunteers, permission to act on my behalf to secure medical treatment as necessary, including, but not limited to, medical attention, anesthesia, surgery and hospitalization, as the attending nurse or physician may prescribe. I understand that it is my responsibility to pay for any medical services required by my child while attending any Fellowship Missionary Baptist Church event. I absolve Fellowship Missionary Baptist Church, its officers, employees, staff and volunteers, from liability in acting on my behalf in this regard so long as they are not grossly negligent.

Name & Age of the participating child _____

Signature of parent/guardian and date _____

Printed Name of parent/guardian _____

Name and phone numbers of parent/guardian to be contacted in case of emergency or for further information

If parents/guardian is not available, please call emergency contact below:

Name: _____ Relationship: _____ Phone #: _____

Child's Date of Birth: _____ Age: _____

Insurance Company: _____ Policy #: _____

Insurance Company Emergency Phone #: _____

Other pertinent insurance information: _____

Please provide any significant medical history or other pertinent information that will be useful or necessary during the course of any emergency. This information is confidential; please be as complete as possible.

Any known allergies, including allergies to medication: _____

Prescription medication to be taken regularly while at the event (parents, for each prescription, please send a written note with dispensing instructions, plus the reason for taking the prescription):

Dietary restrictions, whether for medical or other reasons: _____

Physician's name and phone #: _____