

Medical Release January 2007 thru January 2008
Parent/Guardian Consent
(Including emergency medical treatment for all students under the age of 18)

STUDENT MINISTRIES
FEE FEE BAPTIST CHURCH
11330 St. Charles Rock Road, Bridgeton, MO 63044
Telephone Number (314) 739-1525
Fax Number (314) 739-1302

Student's Name _____ Date of Birth _____

Student's Social Security Number _____

Address (include city, state, zip code) _____

This is to certify that my relationship to the above-named student is: (check as applicable)

_____ One of two custodial parents, and I certify that I have the consent and authorization of the other parent to sign this consent/release form.

_____ I am the sole custodial parent _____ I am the legal guardian

Disabilities/Allergies (enter "None" if so) _____

Current Medications (enter "None" if so) _____

Date of Last Tetanus: _____

Family doctor's name and telephone (w/area code) _____

Medical Insurance (include group & policy numbers, name of insured) _____

Phone number (w/area code) and first & last name of responsible adult for emergencies _____

Name, address and phone number (w/area code) of preferred hospital _____

I (and, if applicable, the student's other custodial parent) further consent and authorize that if in the sole discretion of the adults in charge of said activity, the above-named student is in need of emergency medical treatment during the period above noted, any such adult may give consent (in my behalf as parent/guardian and, if applicable, the student's other custodial parent) to such treatment, and may sign appropriate consent forms in my behalf (and, if applicable, in behalf of the student's other custodial parent) the same effect as if I (and, if applicable, the student's other custodial parent) had personally signed such consent form.

I (and, if applicable, the student's other custodial parent) hereby release, and agree to indemnify and hold harmless (1) The Fee Fee Baptist Church of Bridgeton (hereinafter, the "Sponsor") as Sponsor and organizer of said event, and (2) all medical personnel providing such medical treatment to said student during said period, for any claims alleged to have arisen out of such participation or such treatment (in the absence of gross negligence or willful misconduct), and I (and the student's other custodial parent, if applicable) hereby further release the Sponsor and all persons associated with it for any claims that I, said minor, or anyone else (including, if applicable, the student's other custodial parent) might have arisen out of the participation in such event by said student, or the consenting to, or the providing of, any such emergency medical treatment to such minor (in the absence of gross negligence or willful misconduct).

By accepting this form, the Sponsor agrees that, in the event of an emergency, reasonable efforts will be made to contact the responsible adult listed on the reverse of this form as quickly as is feasible under the circumstances.

In confirmation of the above, I sign this Consent and Release this _____ day of _____, 2007.

(Name printed) (Signature)
MUST BE SIGNED BEFORE A NOTARY PUBLIC

(Address) (City) (State) (Zip)

(Social Security Number) (Daytime Phone w/Area Code)

(Home Phone w/Area Code) (Cell Phone and/or Pager w/Area Code)

State of Missouri)
S.S.
County of St. Louis)

On this _____ day of _____, 2007.

_____ personally appeared before me
 whom I know personally, whose identity was proved to me on the basis of satisfactory evident, and who
acknowledged the execution of the foregoing form and stated that the information therein set out is true and correct
to the best of his/her knowledge and belief.

My commission expires: _____ Notary Public Signature

_____ Seal: