



first baptist new orleans

Participant Form

Participant Name _____ Age ____ Date of Birth ____/____/____
 Address _____ City _____
 State/Zip _____
 Phone Number (____) _____ Sex ____ Height ____ Weight ____ SS# _____

Emergency Contact Person:

Parent/Guardian Name _____
 Address (if different from student) _____
 City _____ State/Zip _____
 Phone (h) (____) _____ (w) (____) _____ (c) (____) _____

Alternate Contact Person: (Use someone near the primary contact)

Name _____
 Address _____

 City _____ State/Zip _____
 Phone (h) (____) _____ (w) (____) _____ (c) (____) _____

If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child is at the activity.

Do you have health insurance? ___ yes ___ no

Name of Insurance Company _____

Policy Number _____ Group Number _____

In whose name is the insurance? _____

Family _____ Doctor _____ City/State _____

Phone Number (____) _____

If your child should require medical attention for injuries received or illness contracted prior to activity, please send us the necessary information to give him/her proper medical care during his/her time with the youth ministry activity.

Health History

Pre-existing or present medical conditions _____

Name and dosage of any medications that must be taken _____

Any Allergies? _____ To Medications?

___ Hay Fever ___ Heart Condition ___ Diabetes ___ Insect Stings

___ Epilepsy/Nervous Disorders ___ Asthma ___ Frequent Stomach
Upsets

___ Physical Handicap ___ Any major Illness during the past year?

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

Date of last tetanus shot _____ Contact lenses? _____

Any Swimming Restrictions? ___yes ___no

What? _____

Any Activity Restrictions? ___yes ___no

What? _____

Permission for Medical Treatment, Photograph/Video Notice, and Release and Indemnity

My permission is granted for the camp or event director, church official, any event staffer, or adult present or in charge of First Aid, to obtain necessary medical attention in case of illness or injury to my child. I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency during the church activities, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. Coverage by First Baptist Church, New Orleans through its accident policy will be used as a backup for what my family's insurance does not cover.

I, the undersigned, do hereby verify that the above information is correct and I do hereby release and forever discharge First Baptist Church, New Orleans, camp or event sponsors, the state convention, and their employees from any and all claims, demands, actions or causes of actions, past, present, and future arising out of any damage or injury while employed by or participating in a camp or event.

Complete and sign below (youth under 18 years of age requires Parent/Legal Guardian signature)

Participant's Signature _____ Date ___/___/___

Parent/Legal Guardian Signature _____