

# First Baptist Church Sayre Student Ministries

504 N.4<sup>th</sup> Street, Sayre, OK 73662  
Medical Permission and Release Form **2026-2027**

The following information will be used with registration forms completed for any student ministry events. Please take a few moments and complete all information correctly, i.e., check spelling of names, addresses, ZIP codes, phone numbers, etc.

**Please complete both sides of this document.**

Student's Name \_\_\_\_\_ Date Completed \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade (Fall 26-27) \_\_\_\_\_ Sex (circle) MALE FEMALE

Father \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother \_\_\_\_\_ Work Phone \_\_\_\_\_

Guardian \_\_\_\_\_ Work Phone \_\_\_\_\_

Email address \_\_\_\_\_

In the case of an emergency and a parent cannot be reached, please contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

Required Emergency Medical Information:

Family Physician \_\_\_\_\_ Office Phone \_\_\_\_\_

Family Dentist \_\_\_\_\_ Office Phone \_\_\_\_\_

Hospital Insurance [ ] Yes [ ] No Policy Number \_\_\_\_\_

Primary Insured \_\_\_\_\_ Name of Insurance Company \_\_\_\_\_

Insurance Company Telephone Numbers \_\_\_\_\_

**\*\*Please attach a copy of the front and back of your insurance card to be turned in with this form.**

List Date of Last Tetanus Immunization \_\_\_\_/\_\_\_\_/: (mm/yy)

Check if Child has had vaccinations for: Chicken Pox \_\_\_\_\_ Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Whooping Cough \_\_\_\_\_

Daily Medication Requirements:

Medicine \_\_\_\_\_ Prescribed Dosage \_\_\_\_\_ Time \_\_\_\_\_

Medicine \_\_\_\_\_ Prescribed Dosage \_\_\_\_\_ Time \_\_\_\_\_

Allergies: \_\_\_\_\_

Other Important Medical Information: \_\_\_\_\_

I (We) hereby DO \_\_\_ or DO NOT \_\_\_ consent to the use of blood and/or blood products under the care of a licensed physician in the case of an emergency.

First Baptist Church Sayre and Student Ministries (together with their respective officers, employees, and agents) and each volunteer assisting them are collectively designated by the abbreviation "FBC Sayre" throughout this entire form and the term "FBC Sayre" shall refer to them individually as well as collectively.

- I (we) hereby give permission for my (our) child to attend and participate in activities sponsored by FBC Sayre and/or Student Ministries.
- I (we) acknowledge and understand the inherent risk associated with participation in FBC Sayre Student Ministry activities, including but in no way limited to: (1) slips, trips, and falls, (2) athletic injuries, and (3) illness, including exposure to and infection with viruses or bacteria. I (we) further acknowledge that the preceding list is not inclusive of all possible risks associated with FBC Sayre Student Ministry activities participation and that said list in no way limits the operation of this Agreement. Coronavirus, COVID-19 is an **extremely contagious** virus that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing, wearing a cloth face mask and frequent hand washing to prevent the spread of the virus. **COVID-19 can lead to severe illness, personal injury, permanent disability, and death. Participating in FBC Sayre Student Ministry activities could increase the risk of contracting COVID-19.** First Baptist Church Sayre in no way warrants that COVID-19 infection will not occur through participation in FBC Sayre Student Ministry activities or accessing First Baptist Church Sayre facilities.
- I (we) hereby authorize FBC Sayre to transport my (our) child to or from church and/or any other church related and sponsored activities and events.
- I (we) authorize FBC Sayre to include my (our) child in routinely supervised water activities.
- Further authorization and permission are hereby given to FBC Sayre to furnish any necessary transportation, food, and lodging for my (our) child.
- I (we) (and on behalf of my (our) child/) hereby assume all risk of personal injury, sickness, death, damage, and expenses as a result of participation in recreation and work activities involved therein.
- I (we) hereby authorize FBC Sayre to take my (our) child to the before-named physician or facility for medical treatment in the event of an emergency in which neither parent can be reached after reasonable attempt to do so.
- I (we) hereby authorize FBC Sayre to consent to any x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care to be rendered to my (our) child under the general or special supervision and on the advice of any physician or dentist representing to be licensed on the medical staff of a hospital or medical care facility, whether such diagnosis or treatment is rendered at the office of said physician or at the said facility or hospital.
- I (we) do hereby authorize any physician, dentist, hospital, or medical treatment center to treat my (our) child in the case of emergency in which the before-named physician or dentist cannot respond.
- I (we) hereby do authorize FBC Sayre to dispense to my (our) child over-the-counter medications (according to proper dosage instructions) when reasonably deemed necessary.
- The undersigned adult shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.
- Should it be necessary for my (our) child to return home due to medical reasons or otherwise, the undersigned shall assume and be responsible for the payment of all transportation costs.
- I (we) hereby release, forever discharge, and agree to defend and hold harmless FBC Sayre from any and all liability, claims or demands for personal injury, sickness or death, as well as property damages and expenses, of any nature whatsoever which may be incurred by the undersigned adult and the child/participant that occur while said child is participating in any trip or activity with FBC Sayre.
- The undersigned further hereby agrees to hold harmless and indemnify FBC Sayre from and against any claim against or loss incurred by FBC Sayre as the result of the negligent, willful, or intentional acts of my (our) child, including any expense incurred attendant thereto.

The medical consent and liability waiver provisions hereof shall remain in full force and in effect until written notice of revocation or withdrawal is received by FBC Sayre at its office at 504 N. 4<sup>th</sup> Street. I (we) acknowledge and agree that it is my (our) responsibility to notify First Baptist Church Sayre of any changes in medical condition, guardianship, address, or telephone, in writing to the address listed at the beginning of this form.

**PHOTO RELEASE: Please Check One**

**I DO** \_\_\_ or **I DO NOT** \_\_\_ give First Baptist Church Sayre and Student Ministries permission to publish photographs or video footage taken of my child during church related activities or events.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_