



Please complete both sides of this form for 2011-2012 Champion Ministry Activities

Name _____ Sex _____
 Last First Middle
 Address _____ City _____ Zip _____
 Home Phone: Area Code () _____ Date of Birth _____ Age _____
 Parent or Guardian Names _____
 Father's Work Phone: Area Code () _____ Mother's Work Phone: Area Code () _____
 Cell Phone/Pager Numbers () _____ () _____ () _____
 Grade _____ School: _____

General Health

Immunization Dates

Allergies

Heart _____	Asthma _____	Polio _____	Food _____
Lungs _____	Fainting _____	Mumps _____	Insects _____
Eyes _____	Nosebleed _____	Measles _____	Penicillin _____
Ears _____	Skin Rash _____	Rubella _____	Medicines _____
Throat _____	Emotional _____	DPT and/or TD _____	Other _____
Serious Illness _____		Date _____	

Medications -Please list all medications the student is taking: _____

Permission to administer:	Aspirin? Y N	Tylenol? Y N	Ibuprofen? Y N	Benadryl? Y N	Off? Y N
Parents Please Initial	_____	_____	_____	_____	_____
Usual Dosage	_____	_____	_____	_____	_____
	Sudafed? Y N	Cough Syrup? Y N	Immodium? Y N	Throat Lozenges? Y N	
Parents Please Initial	_____	_____	_____	_____	
Usual Dosage	_____	_____	_____	_____	

Insurance Information

Name and Address of Insurance Company: _____ Policy# _____
 _____ Group# _____
 _____ Name of Insured _____

Medical Emergency Authorization Agreement

I, the parent of _____, attest before this witness that I release First Baptist Church of Sunnyvale from responsibility in regard to my child. I agree not to sue or bring litigation against them for any harm or disability. I understand that FBC Sunnyvale will do their best to protect my child but cannot be expected to protect them from all harm and danger. Any act then is not viewed as an act of negligence.

I, _____, further release my child, _____, into the medical authority of FBC Sunnyvale and FBC Sunnyvale is allowed to request any and all procedures that may be necessary to restore my child to full health.

 Parent/Guardian Signature

 Date

(Complete reverse side)

Sunnyvale Champion Ministry
“BEHAVIOR WAIVER”

I, _____ (print parent or guardian name), take all responsibility for my child, _____(print student name), during 2011-2012 Champion Ministry activities.

In the event of any personal or property damage done by my child, I understand that I am completely, morally, and financially responsible.

This includes:

- Negligent physical harm or injury inflicted to another individual by my child.
- Property damage to any and all objects done by my child.
- Transportation expense home for my child due to early dismissal from any activity for use or possession of alcohol, cigarettes, cigars, any tobacco, non-prescription drugs, inhalants, pornographic materials, and all “R” rated or occult related music.
- Transportation expense home for my child due to his/her inability to gain personal control over any actions that may cause personal injury to him/her or others.
- Transportation expense home for my child due to his/her excessive and persistent disruption to the entire group.

All dismissal decisions are at the discretion of the Children’s Pastors. In the event damage is caused by more than one child, equal responsibility will be taken by all involved. All final decisions are the responsibility of the Children’s Pastor after discussion with all volunteer adults involved.

It is not our desire to ever send a Champion home, and we will do all we can to work with you, the parent, in impacting your Champion positively. When any serious problem arises, you will receive a phone call so that the matter can be discussed and the proper action taken.

Signatures: _____ Parent or Guardian

_____ Champion

_____ Date