

# 2024 Student Ministry Medical Release Form

This document is for the McGregor Student Ministry's trip/events that take place within the 2024 calendar year

1. Pursuant to the provision of Florida law, I the undersigned, as parent or legal guardian of \_\_\_\_\_, a minor, do hereby authorize, as agents, the adult supervisors of the student ministry department of McGregor Baptist Church of Fort Myers, Florida, to consent to any diagnosis, treatment, procedure, hospital admission and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any licensed physician and/or surgeon. It is understood that this authorization is given in advance of any specific care being required, but is given to provide authority to give care which physician may, in the exercise of his/her best judgment, deem advisable, based upon such circumstances as exist, including but not limited to any emergency.
2. I hereby authorize that the McGregor Baptist Church, adult supervisors or volunteers who have training as Emergency Medical Technicians or Registered or Licensed Nurses to perform care upon my child in accordance with the level of training they have received as deemed necessary by them.
3. I hereby authorize any hospital which has provided treatment to the above-named minor to surrender physical custody of such minor to any adult supervisor or agent of McGregor Baptist Church upon completion of treatment. This authorization is given pursuant to Florida Law.
4. On behalf of myself as parent and guardian on behalf of my minor child, I hereby release McGregor Baptist Church of Fort Myers, Florida and its' agents and employees (both paid staff and volunteers) from liability in case of accident or injury even if resulting from the negligence of an agent, employee or volunteer of McGregor Baptist Church.
5. I hereby request McGregor Baptist Church to carry out discipline determined to be necessary for my child as deemed appropriate under the circumstances and I release McGregor Baptist Church and its agents and employees from claims for damages and from any liability for any such discipline. I also agree to pay the expenses of my child's trip home because of disciplinary action should such action be deemed appropriate by McGregor Baptist Church.
6. These authorizations shall remain effective until revoked in writing and delivered to said agent with the understanding that participation in the requested activity may take place only with a fully executed form in the possession of McGregor Baptist Church.

## STUDENT INFORMATION

Name: \_\_\_\_\_ Social Security # (optional) : \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_ DOB: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION:

Parents name(s) \_\_\_\_\_ Primary Phone (\_\_\_\_) \_\_\_\_\_  
Secondary Phone (\_\_\_\_) \_\_\_\_\_  
Medical Insurance Carrier \_\_\_\_\_ ID# \_\_\_\_\_  
Contact Phone number for insurance carrier(on back of card) \_\_\_\_\_

## MEDICAL INFORMATION: (Please check and explain any history or condition below or on second page, if needed)

\_\_\_ Allergies \_\_\_ Asthma \_\_\_ Diabetes \_\_\_ Heart Condition \_\_\_ Hypoglycemia  
\_\_\_ Epilepsy or other nervous disorder \_\_\_\_\_ Date of last year of Tetanus Shot \_\_\_\_\_

Other \_\_\_\_\_

I am over eighteen years of age, and legally competent to execute this Waiver of claims.

I am the parent or legal guardian of the above-named minor participating on the trip/event.

SIGNATURE: \_\_\_\_\_

*(Note: Do not sign ahead of time. Notary must witness signature.)*

**NOTARY**

STATE OF FLORIDA COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me by means of physical presence, this \_\_\_\_\_ day of

\_\_\_\_\_, 2024 by \_\_\_\_\_. He/She is personally known to me or who produced

\_\_\_\_\_ as identification.

\_\_\_\_\_  
Notary Public

My Commission Expires:

**Medical Information (continued, if needed):**