

2025 Student Ministry Medical Release Form

This document is for the McGregor Student Ministry's trip/events that take place within the 2025 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

_____, 2025 by _____. He/She is personally known to me or who produced

_____ as identification.

Notary Public

My Commission Expires:

Medical Information (continued, if needed):