

CLAREMORE FAITH BAPTIST
901 SOUTH FAITH LANE
CLAREMORE, OK. 74017
PHONE: 918.341.0581



FOR ANYONE UNDER THE AGE OF 18.
CAN BE USED FOR FALLS CREEK, VBS,
MISSION TRIPS, SUMMER CAMPS, AWAY
FROM THE CHURCH FUNCTIONS, ETC.
GOOD FOR THE CURRENT PHYSICAL YEAR.

Claremore Faith Medical Release & Permission Slip Form for Children and Youth for 20__ __ (insert year)

Date: _____ Grade completed June 1st of this year _____ Grade starting this next August _____

T-shirt size (circle one) YS YM YL AS AM AL AXL AXXL

Student's Name _____ Age _____ Birthday _____

Address: _____ City/State/Zip _____

Home Phone # _____ Student's Cell # _____

Father's Name _____ Cell _____

Father's Employer _____ Work # _____

Mother's Name _____ Cell # _____

Mother's Employer _____ Work # _____

Guardian's Name _____ Cell # _____

Guardian's Employer _____ Work # _____

Child's Primary Physician _____ Phone # _____

Does your child have: A chronic illness _____ If yes what _____

Allergies _____ If yes please explain _____

Allergic reaction to any medication _____ If yes please give name (s) of medications: _____

Any physical restrictions which limit activity? _____ If yes please specify activity _____

Any history of seizures _____ Is your child presently taking any kind of medications? _____

If yes please list ALL meds & explain what their use is: _____

**ALL MEDICATIONS MUST BE IN ORIGINAL CONTAINER WITH LABEL ATTACHED. THERE MUST BE A DESCRIPTION OF MEDICATION;
INCLUDING NAME-DOSAGE-HOW/WHEN ADMINISTERED. PLEASE GIVE MEDS TO FAITH SPONSOR PRIOR TO ANY DEPARTURE.**

Date of last tetanus shot _____ Any other helpful information: _____

Insurance Co. Name _____ Phone # _____

Policy Holder's Name _____ Policy # _____

If Claremore Indian Hospital is where health needs are provided please give chart # _____

Emergency Contact #'s: (please give at least 2 names)

Name _____ Home # _____ Cell # _____

Relationship to child: _____

Name _____ Home # _____ Cell # _____

Relationship to child: _____

I hereby give my permission for my child to participate in the activities, camps, functions and or events sponsored by Faith Baptist Church-Claremore, OK. I release Faith Baptist Church, its Ministerial staff and any volunteer sponsor representing Faith Baptist Church from any and all liabilities arising out of my child's involvement in such said activity, etc. In the absence of parents and/or guardians, I do hereby authorize permission to administer first aid and emergency medical care by any physician, hospital or attendant that may be needed by my child as a result on involvement of activity, etc. I agree to abide and be bound by such decisions and consents of such care.

I further agree that if my son/daughter creates a disciplinary problem I will be responsible for all costs related to his/her early return.

Signature of Parent and/or Guardian _____

Date _____

I understand that my student's image may be included in a video or in photographs that may be made during Claremore Faith Baptist Church activities. I understand that a promotional or highlight video may be available for distribution.

Please Initial One:

_____ I **DO** consent that my child ('ren) image may appear on videos, promotions, Faith Baptist media, etc.

_____ I **DO NOT** consent that my child ('ren) image may appear on videos, promotions, Faith Baptist media, etc.

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