

# MEDICAL PERMISSION AND MEDIA RELEASE FORM

Name \_\_\_\_\_ DOB \_\_\_\_\_ T-Shirt Size \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## CONTACT INFORMATION

Father's Name \_\_\_\_\_ Work Phone \_\_\_\_\_  
Father's Email \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Work Phone \_\_\_\_\_  
Mother's Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Emergency Contact #1 \_\_\_\_\_ Primary # \_\_\_\_\_  
Relationship to Youth \_\_\_\_\_ Secondary # \_\_\_\_\_  
Emergency Contact #2 \_\_\_\_\_ Primary # \_\_\_\_\_  
Relationship to Youth \_\_\_\_\_ Secondary # \_\_\_\_\_

## MEDICAL INFORMATION

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_  
Primary Physician \_\_\_\_\_ Phone # \_\_\_\_\_

## MEDICAL QUESTIONS

Dietary Restrictions/Food Allergies: \_\_\_\_\_

Other Allergies (*medicines, bees or other stinging insects, latex*): \_\_\_\_\_

Current Medications (List): \_\_\_\_\_

Check Appropriate Information:

Asthma	Diabetes	Hay Fever	Heart Disorder	Recurring Strep Throat
Fainting	Seizures	Sleep Walking	Whooping Cough	Frequent Ear Infections
Hepatitis	Tuberculosis	Eating Disorder	Chronic Constipation	Concussion/Head Injury
Chicken Pox	Bed Wetting	Kidney Problem	Infectious Mononucleosis	Chronic Urinary Tract
Mumps	Measles	Chronic Cough		Infection

Are there any other medical conditions we should be aware of? \_\_\_\_\_

## PERMISSION FOR TREATMENT/MEDIA RELEASE

I hereby grant my permission to the pastor, associate pastor, youth minister, children's minister or other person(s) in charge to obtain necessary medical attention in case of sickness or injury to my child. I, the undersigned, do hereby verify that the above is correct and I do hereby release and forever discharge Forest Hills Baptist Church, 201 Dixie Trail, Raleigh, NC, and chaperones from any and all claims, demands, actions, or cause of action, past, present, or future arising out of any damage or injury while on any activity occurring from August 1, 20\_\_ to August 31, 20\_\_.

I hereby grant to Forest Hills Baptist Church and/or representatives and employees thereof, permission to use my child's (children's) likeness on Forest Hills Baptist Church website or other related social media, for events/activities associated with Forest Hills Baptist Church YES NO

Date (MM/DD/YY): \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

Signature: \_\_\_\_\_

On \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ personally appeared before me,

Who is personally known to me

Whose identity I proved on the basis of \_\_\_\_\_

Whose identity I proved on the oath/affirmation of \_\_\_\_\_, a credible witness, to be the signer of the above document, and he/she acknowledged that he/she signed it.

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

My Commission expires \_\_\_\_\_