

# **Permission/Medical Release Form**

## **First Baptist Church Waynesboro, Virginia**

I, \_\_\_\_\_, understand and agree that during travel with the First Baptist Church of Waynesboro, Virginia, on all events for 20\_\_\_\_, that these are the procedures that are followed.

In the case of an emergency while the named individual is in the care of First Baptist Church, the church will notify the emergency persons listed below immediately. In the event the church is unable to reach these persons immediately, the church party responsible and or its' designated staff is authorized to seek and obtain medical attention, treatment, and services as may be deemed necessary. I agree to assume responsibility for payment of all medical costs incurred.

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ SSN: \_\_\_\_\_

Date of Birth / Age: \_\_\_\_\_ / \_\_\_\_\_

### **In Case Of Emergency Notify**

1. Name \_\_\_\_\_ Hm Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

2. Name \_\_\_\_\_ Hm Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Relationship of the above to participant:

1. \_\_\_\_\_ 2. \_\_\_\_\_

### **Insurance Information** - (Please attach a copy of your Insurance Card)

Company Name \_\_\_\_\_

Policy No./Group No. \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_

Name of Family Physician \_\_\_\_\_ Phone \_\_\_\_\_ Na

### **Allergies** (Please list any allergies to medicines/ foods/ or otherwise)

\_\_\_\_\_  
\_\_\_\_\_

**(Over)**

**Restrictions** (Please list any activities needing restriction)

Can this person swim? \_\_\_\_\_

Other Restrictions: \_\_\_\_\_  
\_\_\_\_\_

**Medical History** (Please describe any health problems)

\_\_\_\_\_  
\_\_\_\_\_

**Medication**

Are you required to take any medicine daily? \_\_\_\_\_ YES \_\_\_\_\_ NO

If YES, please give details and instructions.

\_\_\_\_\_  
\_\_\_\_\_

**Photo Release**

By signing below and attending a First Baptist Church event, I agree that pictures or video may be taken of me or my child. By virtue of my signature, I grant First Baptist Church the right to take pictures of my student and to use them as they see fit without further permission or compensation. Permission is granted unless a signed statement is on file with the church office stating otherwise than stated here.

**PARENT MUST SIGN IN PRESENCE OF NOTARY, PLEASE**

\_\_\_\_\_  
*Signature of Participant (if participant is 18 years old or older)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed Name of Participant*

\_\_\_\_\_  
*Signature of Guardian (If participant is under 18 years old)*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed Name of Guardian*

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_, Virginia

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