

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