

PERMISSION, PHOTO CONSENT, AND MEDICAL RELEASE

Vestavia Hills Baptist Church

Name _____ Grade _____

Birthdate _____ Address _____

Home Phone _____ Cell Phones: _____

Mom _____ Dad _____

Emergency contact other than parent: _____

List all medical allergies, medications being taken, medical problems, etc.

I (we) give my permission for my child to participate in GA and RA events off church property. These events include but are not limited to KidsConnect, M-Power, nursing homes, Firehouse Shelter, and fire stations.

I (we) understand that, in the event medical treatment is required, every reasonable effort will be made to contact me. If I cannot be reached, I give my permission to the staff or sponsor to secure the services of a licensed physician to provide the necessary care including anesthesia, for my child's well-being.

Parent/Guardian Signature _____ Date _____

PHOTO CONSENT

Please check one:

___ **I give permission** for photographs of my child, taken while in church functions and events, to be placed on the Vestavia Hills Baptist Church Facebook page.

___ **I do not give permission** for photographs of my child, taken while in church programs and events, to be placed on the Vestavia Hills Baptist Church Facebook page.

Parent/Guardian Signature _____ Date _____